



American Public Transportation Association  
 2018 Annual Meeting Registration Form  
 Omni Nashville  
 Nashville, TN  
**Pre-registration deadline: September 14<sup>th</sup>**

**Mail check with this form to:**  
**APTA**  
**1300 I Street, NW**  
**Suite 1200 East**  
**Washington, DC 20005**

**Your registration will NOT be processed if this form is not included with your CHECK payment.**

**Contact Information (One Form Per Registrant)**

Name: (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_ (Last) \_\_\_\_\_

Badge Name (if different from above): \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov.: \_\_\_\_\_ Zip \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Spouse/Guest (if attending) \_\_\_\_\_  
 (additional fee required: see below)

Please indicate below if you have special dietary needs or require accessibility accommodation.

Registration Type	Early Fee (Paid by 8/10/18)	Standard Fee (Paid after 8/10/18)	Onsite Fee (Registered after 9/14/18)
<input type="checkbox"/> Member	\$875	\$925	\$1000
<input type="checkbox"/> Non-Member	\$1500	\$1500	\$1575
<input type="checkbox"/> Federal Government	\$450	\$450	\$525
<input type="checkbox"/> University	\$450	\$450	\$525
<input type="checkbox"/> Spouse/Guest (includes Welcome Reception, Products & Services Showcase Lunch and Wednesday Wake Up Breakfast) <i>Not applicable to fellow employees or industry professionals.</i>	\$125	\$125	\$200

Selecting one of the categories listed below requires pre-approval from APTA or additional verification. Please note that you will have limited access to the conference, including no meals. If you would like to have full access to the conference, please select one of the registration types above.

Media (email [vmiller@apta.com](mailto:vmiller@apta.com) for approval)

Speaker (valid only for the session(s) in which you are speaking) Email form to [kspence@apta.com](mailto:kspence@apta.com)

Student (valid student ID must be presented with form) Email form to [kspence@apta.com](mailto:kspence@apta.com)

**Payment**

Payment must accompany this registration in the form of a **CHECK ONLY**. To make a payment using your credit card you must register online at APTA.com.

I would like to apply a credit from a previous meeting. (Attach credit letter with this registration form)

Registration Fee: \$ \_\_\_\_\_

**Total Due:** \$ \_\_\_\_\_

**Cancellation and Refund Policy**

Registration fees will be refunded if a request is received in writing by August 24, 2018. A 20% cancellation fee will be withheld. **There will be no refunds after the August 24th deadline.**

By completing and submitting this Registration form, I agree to the registration deadline and cancellation policies.