



American Public Transportation Association
 2019 Legal Affairs Seminar
 Hyatt Regency New Orleans
 New Orleans, LA
 February 24-26, 2019

Mail to:
 APTA
 1300 I Street, NW
 Suite 1200 East
 Washington, DC 20005
Email: meng@apta.com

Registrant Information (one registrant per form)

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 Fees: (select one)

<input type="checkbox"/> Member	<input type="checkbox"/> \$625 (by 1/15/19)	<input type="checkbox"/> \$675 (after 1/15/19)	<input type="checkbox"/> \$750 (onsite fee)
<input type="checkbox"/> Non-Member	<input type="checkbox"/> \$1,200 (pre-registration rate)	<input type="checkbox"/> \$1,275 (onsite rate)	
<input type="checkbox"/> Federal Government	<input type="checkbox"/> \$300 (pre-registration rate)	<input type="checkbox"/> \$375 (onsite rate)	
<input type="checkbox"/> Spouse/Guest	<input type="checkbox"/> \$125 (includes Sunday and Monday receptions only. Not applicable to fellow employees or industry professionals)		

No fee Category – 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 categories above.

- Media (must be approved by APTA)
- Speaker (valid only for session(s) in which you are speaking)
- Student (valid student ID must be presented with form)

Payment Summary

Registrations paid by check will **NOT** be processed without full payment. To pay by credit card, register online at www.apta.com

- Check – Include this form with your payment
- I would like to apply a credit from a previous meeting. (Attach credit letter with this registration form)

Registration Fee: \$ _____

Guest Registration \$ _____

Total Due: \$ _____

Cancellation Policy

Registration fees will be refunded, minus a 20% cancellation fee if a request is received in writing and post-marked no later than January 31, 2019. **There will be no refunds after the January 31 deadline.**

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