

**State Public Transit Partnerships Conference
FTA State Programs Meeting**

August 8-10, 2007

Hyatt Regency Crystal City * Arlington, Virginia

ADVANCE REGISTRATION DEADLINE: July 25, 2007

TWO EASY WAYS TO REGISTER:

1. Register online at www.transportation1.org/meetings with your credit card or government purchase order number.
2. Complete this registration form and mail with check payment to:
Transit Partnerships Conference; Department 5051; Washington, DC 20061-5051

Be sure to enclose your payment of check (made payable to AASHTO), Visa, MasterCard, American Express or signed government purchase order. If you are using MTAP travel, please mark the box "MTAP" under Payment Information. Advanced registrations may be paid after the 25th but the early rate will only be applied to registrations received by the 25th.

*After July 25, 2007 registrations will no longer be accepted on-line.
After this date, all registrations must be done on-site at the Hyatt Regency.*

Please print clearly.

First Name: _____ Last Name: _____
Nametag/Nickname: _____ Title: _____
Agency/Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ E-Mail: _____

Contact Rachel Beyerle by July 25, 2007 by email, rbeyerle@ashto.org or mail written notification if you require special accommodations or have special dietary needs. AASHTO attempts to provide reasonable accommodation for any known disability that interferes with a person participating in any service, program or activity of the association. Alternative accessible formats of this document will be provided upon request. The AASHTO TTY number is 202-624-5463.

REGISTRATION FEE SCHEDULE

Registration fees include all breakfasts, two luncheons, breaks each day, and an evening reception.

- | | | |
|--------------------------|--|----------|
| <input type="checkbox"/> | Advance On-Line Registration
(on or before July 25, 2007) | \$200.00 |
| <input type="checkbox"/> | On-Site Registration
(after July 25, 2007) | \$300.00 |

Note: Advance registrations may be paid before or after the 25th; however the advance rate will only apply to registrations received by the 25th.

PAYMENT INFORMATION

Total Registration Fees: \$ _____

Check Number: _____

Purchase Order: _____
(AASHTO Tax ID#: 53-0204654)

MTAP Travel (Requires MTAP Coordinator approval)

Visa MasterCard American Express

Card Number: _____

Expiration Date: _____

Name on Card: _____

Authorized Signature: _____

After **August 6, 2007**, no refunds will be issued. Cancellation notification must be in writing; Email to rbeyerle@ashto.org or mail to: AASHTO, Attn Rachel Beyerle, 444 N. Capitol St. NW, Ste. 249, Washington, D.C. 20001.