



BLANK AREA FOR OFFICE USE ONLY

PART I: COMPANY INFORMATION

Company _____ Tel (_____) _____
 Address _____ Fax (_____) _____
 City + State/Province _____
 Zip/Postal Code + Country _____

As a condition of my attendance at the TLPA Annual Convention & Trade Show, October 8-12, 2017, in Denver, CO, I irrevocably grant TLPA the right to publish or otherwise use my image, likeness, voice, name, address, email address and/or phone number.

ADA Requirements: Please indicate if, under the Americans with Disabilities Act, you require the following aid or service: Audio Visual Mobile and please notify the TLPA by **September 12, 2017**.

PART II: ATTENDEE INFORMATION

Attendee Name Provide the first and last name of each registrant and TYPE or PRINT the name CLEARLY as it should appear on the name badge. Include each registrant e-mail for registration and confirmation purposes. To register additional registrants, please photocopy this form.		OPTIONAL EVENTS					TOTAL																																																																						
		TLPF Golf Tournament	Convention Kick-Off Party	Free Local Operator Tour Check Box for each registrant attending.	WIT Networking Dinner	Closing Reception & Silent Auction																																																																							
Name* _____ E-mail _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____																																																																						
Spouse Name* _____ E-mail _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____																																																																						
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<table border="1"> <thead> <tr> <th>CONVENTION FEE STRUCTURE</th> <th>Sept. 23 or Later</th> <th colspan="3">Daily Registration</th> <th>TLPF Golf Tournament</th> <th>Convention Kick-Off Party</th> <th>WIT Networking Event</th> <th>Closing Reception & Silent Auction</th> <th>\$</th> </tr> <tr> <td></td> <td></td> <th>Monday</th> <th>Tuesday</th> <th>Wednesday</th> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </thead> <tbody> <tr> <td>TLPA Members & Spouses (other than vendors)</td> <td>\$449</td> <td>\$225</td> <td>\$250</td> <td>\$225</td> <td>\$140</td> <td>\$25</td> <td>\$85</td> <td>\$25</td> <td></td> </tr> <tr> <td>Nonmembers & Spouses (other than vendors)</td> <td>\$649</td> <td>\$325</td> <td>\$350</td> <td>\$325</td> <td>\$140</td> <td>\$50</td> <td>\$110</td> <td>\$50</td> <td></td> </tr> <tr> <td>Vendor Exhibitors & Spouses</td> <td>\$449</td> <td>\$225</td> <td>\$250</td> <td>\$225</td> <td>\$140</td> <td>\$25</td> <td>\$85</td> <td>\$25</td> <td></td> </tr> <tr> <td>Vendor Non-Exhibitor & Spouses</td> <td>\$2,449</td> <td>\$1,250</td> <td>\$1,500</td> <td>\$1,250</td> <td>\$140</td> <td>\$65</td> <td>\$125</td> <td>\$65</td> <td></td> </tr> <tr> <td>Child (ages 6-19)</td> <td>\$399</td> <td>\$125</td> <td>\$150</td> <td>\$125</td> <td>\$140</td> <td>\$25</td> <td>\$65</td> <td>\$25</td> <td>GRAND TOTAL</td> </tr> </tbody> </table>							CONVENTION FEE STRUCTURE	Sept. 23 or Later	Daily Registration			TLPF Golf Tournament	Convention Kick-Off Party	WIT Networking Event	Closing Reception & Silent Auction	\$			Monday	Tuesday	Wednesday						TLPA Members & Spouses (other than vendors)	\$449	\$225	\$250	\$225	\$140	\$25	\$85	\$25		Nonmembers & Spouses (other than vendors)	\$649	\$325	\$350	\$325	\$140	\$50	\$110	\$50		Vendor Exhibitors & Spouses	\$449	\$225	\$250	\$225	\$140	\$25	\$85	\$25		Vendor Non-Exhibitor & Spouses	\$2,449	\$1,250	\$1,500	\$1,250	\$140	\$65	\$125	\$65		Child (ages 6-19)	\$399	\$125	\$150	\$125	\$140	\$25	\$65	\$25	GRAND TOTAL	
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PART III: TO PAY BY CHECK

Checks: Please make checks payable to the **Taxicab, Limousine & Paratransit Association**. All fees must be paid in U.S. currency and drawn on a U.S. bank.

CANCELLATION & SUBSTITUTION POLICY: 100% refund less a \$55 processing fee for a cancellation or for a documented medical emergency that is made in writing and received by the TLPA by **September 12, 2017**. 100% refund less a \$95 processing fee for a cancellation or a documented medical emergency that is received between **September 13** and **September 29, 2017**. No refunds will be made for cancellation, other than a documented medical emergency, that is received after September 29, 2017. Substitute attendee(s) from the same company are welcome. (**Optional event tickets are non-refundable.**)

PART IV: HOTEL INFORMATION

The host hotel for the **99th Annual Convention & Trade Show** is **Hyatt Regency Denver**. The hotel has reserved a block of rooms for the group until **September 22, 2017**, or when the block sells out. Room rate for single/double occupancy is **\$249 USD** per night. Rates do not include taxes. Make your reservations early by visiting www.tlpa.org/Reservations.

This is my # _____ TLPA Annual Convention or check here if you are a first-time attendee.

Return this form with payment for the convention to:
Taxicab, Limousine & Paratransit Association
 3200 Tower Oaks Blvd., Suite 220,
 Rockville, MD 20852
 P: 301-984-5700
 F: 301-984-5703
 E: info@tlpa.org • W: www.tlpa.org