



**TAXICAB, LIMOUSINE &
PARATRANSIT ASSOCIATION**



BLANK AREA FOR OFFICE USE ONLY

PART I: COMPANY INFORMATION

Company _____ Tel (_____) _____
 Address _____ Fax (_____) _____
 City/State/Zip/Country _____

*As a condition of my attendance at the Spring Conference & Expo, April 24-27, 2013, I irrevocably grant TLPA the right to publish or otherwise use my image, likeness, voice, name, 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 by **April 1, 2013**.

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.	Conference Registration Fee Refer to the Conference Fee Structure below.	OPTIONAL EVENTS Please check the box(es) below if you plan to attend the local operator tour: Friday, April 26, 1:30 p.m.-3:30 p.m.	TOTAL
Name* _____ E-mail _____	\$ _____	<input type="checkbox"/> Local Operator Tour	\$ _____
Spouse Name* _____ E-mail _____	\$ _____	<input type="checkbox"/> Local Operator Tour	\$ _____
Name* _____ E-mail _____	\$ _____	<input type="checkbox"/> Local Operator Tour	\$ _____
Name* _____ E-mail _____	\$ _____	<input type="checkbox"/> Local Operator Tour	\$ _____
CONFERENCE FEE STRUCTURE	Registration Received March 15 thru April 11	Registration Received April 12 or after	\$ _____
TLPA Operator or Public Sector Member or Spouse	\$360	\$375	
Non-Member Operator or Public Sector Non-Member or Spouse	\$560	\$575	
Vendor: Exhibitor (consultant, supplier, etc.)	\$360	\$375	
Vendor: Non-Exhibitor (consultant, supplier, etc.)	\$720	\$735	
Child (ages 6-20)	\$260	\$275	GRAND TOTAL

PART III: PAYMENT INFORMATION

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.

Credit Card: American Express MasterCard Visa

Name on Card _____ Card # _____ Exp. Date _____ Security Code _____
 Authorized Amt. Charged \$ _____ Authorized Signature _____ Billing Street # and Zip Code _____

CANCELLATION & SUBSTITUTE POLICY:

100% refund less a \$55 processing fee per person for a cancellation or a documented medical emergency that is made in writing and received by the TLPA by **March 22, 2013**. 100% refund less a \$95 processing fee per person for a cancellation that is received between **March 23** and **April 16, 2013**. No refunds will be made for cancellations other than a documented medical emergency received less than 7 days before the opening event of the convention. Substitute attendee (s) from the same company are welcome.

PART IV: HOTEL INFORMATION

The host hotel for the **2013 Spring Conference & Expo** is the **Hyatt Regency Savannah**. The hotel has reserved a limited block of rooms for the group until March 22, 2013 (or when the room block sells out) at a special group rate of \$165 USD.

You are encouraged to make your reservations early by calling central reservations toll free at **888-421-1442** (US & Int'l) and to use our group code "**TLPA**". For online reservations visit <http://www.tlpa.org> then click on the "**Hotel Information**" link.

This is my # _____ TLPA Spring Conference & Expo or check here if you are a first time attendee.

Return this form with payment for the conference to:

Taxicab, Limousine & Paratransit Association
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 Rockville, MD 20852
 P: 301-984-5700 • F: 301-984-5703
 E: mhariston@tlpa.org
 W: www.tlpa.org