

PLEASE COMPLETE ONE FORM PER REGISTRANT.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Title \_\_\_\_\_ Name for Badge \_\_\_\_\_  
 Organization \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_  
 Business Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Companion Name \_\_\_\_\_ First Name for Badge \_\_\_\_\_  
 Companion E-mail \_\_\_\_\_

**RETURN THIS FORM ALONG WITH PAYMENT TO IBTTA**

1146 19th St. NW, Suite 800  
 Washington, DC 20036-3725  
 Tel: +1 (202) 659-4620  
 Fax: +1 (202) 659-0500  
 Office Hours: 8:30am-5:00pm (EST)

**BANK WIRE TRANSFER**

Bank transfers may be made to: SunTrust Bank, 1445 New York Avenue, N.W., Washington, DC, 20005 USA. Domestic Wire Transfers: Account: 1000043230308, ABA #061000104. For International wire transfers: Account: 1000043230308, SWIFT CODE: SNTRUS3A in U.S. Dollars. Payor must assume all bank fees. Check must be in U.S. funds and drawn on a U.S. bank. Please reference delegate name and conference name and fax a copy to IBTTA at (202) 659-0500.

**GENERAL INFORMATION**

Delegate, and speaker/moderator registration fees include all functions on the official program. All employees of an agency or firm are considered "Delegates." In order for names to appear in the official printed registration list, paid registrations must be received at IBTTA by May 23, 2008.

**REGISTRATION REFUND AND CANCELLATION POLICY**

Full registration refunds less \$75 administrative fee will be made if cancellation is received in writing by IBTTA before May 23, 2008. No refunds will be issued after May 23, 2008. No refunds will be issued for no-shows. Substitutions are allowed at any time.

**SPECIAL REQUIREMENTS**

If you have special requirements, please attach a separate note of explanation.

**1 REGISTRATION FEES** (All prices in U.S. dollars.)

Companion refers to a spouse or personal friend, not a business associate or staff member. After May 23, 2008 registrations will only be accepted on site. Companion fees include all events listed in the program, excluding the city tour which requires an additional fee.

	MEMBER	NON MEMBER
Delegate	<input type="checkbox"/> \$775	<input type="checkbox"/> \$1,075
Delegate Government Rate*	<input type="checkbox"/> \$575	<input type="checkbox"/> \$875
Speaker/Moderator	<input type="checkbox"/> \$350	<input type="checkbox"/> \$350
Companion**	<input type="checkbox"/> \$350	<input type="checkbox"/> \$350
Exhibit Floor Only***	<input type="checkbox"/> \$250	<input type="checkbox"/> \$250

\* Government rates apply to employees of international, federal, state, county, local and provincial governments.

\*\* Companion rate includes all meals, receptions and evening events listed on the program.

\*\*\* This fee applies to all activities in the exhibit hall **only**. This fee is for exhibitors wishing to bring booth workers only. The fee **does not** include sessions, tours or outside events.

**1** Subtotal \$ \_\_\_\_\_

I am a new attendee.  I am interested in joining IBTTA.

**2 SPECIAL EVENTS** (All prices in U.S. dollars.)

Please register by May 23, 2008 to guarantee participation. Tickets are subject to availability after this date.

	# OF TICKETS	PRICE	AMOUNT
<input type="checkbox"/> <b>Duck Tour of Philadelphia</b> Saturday, May 31, 2008 :: 1:00pm - 4:00pm	_____ x	\$30	= \$ _____
<input type="checkbox"/> <b>Technical Tour</b> Sunday, June 1, 2008 :: 9:00am - Noon	_____ x	\$20	= \$ _____
<input type="checkbox"/> <b>Evening Event Aboard the Moshulu Ship</b> Monday, June 2, 2008 :: 7:00pm - 10:00pm	_____ x	\$0	= \$ _____
<input type="checkbox"/> <b>IBTTA and Women's Transportation Seminar Reception</b> Tuesday, June 3, 2008 :: 5:30pm - 7:00pm	_____ x	\$20	= \$ _____ or clothing donation

**2** Subtotal \$ \_\_\_\_\_

**PAYMENT SUMMARY**

<b>1</b> REGISTRATION FEES	\$ _____
<b>2</b> OPTIONAL EVENT(S)	\$ _____
<b>TOTAL DUE</b>	\$ _____

**METHOD OF PAYMENT**

I wish to use the credit card listed below:

Visa  MasterCard  American Express

Account Number \_\_\_\_\_

Exp. Date \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Authorized Signature (Only if paying by credit card) \_\_\_\_\_

Billing Address if Different from Above \_\_\_\_\_

Check enclosed for Registration and Optional Events  
 Wire Transfer Pending

NOTE: if you would like to have your professional fees billed separately from your personal fees, please contact Harry Smith at (202) 659-4620 x10 or at hsmith@ibttta.org

I have read and understand the payment and cancellation policies outlined in the program.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_