

ATTENDEE REGISTRATION FORM

Summit on All-Electronic Tolling, Managed Lanes & Interoperability | July 24-26, 2016 | Boston, Massachusetts

Complete the form below or register online at www.IBTTA.org/boston

1. ATTENDEE INFORMATION *(Please complete one form per registrant.)*

Contact Name _____

Title _____ Name for Badge _____

Organization _____

Email _____

Twitter Handle _____ I do not have one.

Mailing Address _____

City _____ State _____ Postal Code _____ Country _____

Mobile Phone _____ Office Phone _____

Guest Name _____ Name for Badge _____

- I am a first-time attendee. I am interested in joining IBTTA.

How did you hear about this meeting?

- Advertisement Previous Event Social Media
 Direct Mail Search Engine Word of Mouth
 Email Blast Other _____

2. REGISTRATION FEES *(Registration fees are in U.S. dollars.)*

After July 13, 2016, registrations will only be accepted on-site. If your registration is not confirmed by July 13, 2016, your name will not appear in the final registration list. Your organization's dues must be paid to qualify for the member rate.

	FEE		FEE
Delegate	<input type="checkbox"/> \$775	Speaker/Moderator	<input type="checkbox"/> \$400
Delegate Non-Member	<input type="checkbox"/> \$1,275	Guest**	<input type="checkbox"/> \$350
Delegate Government*	<input type="checkbox"/> \$575	Media*** No Fee. Sessions only. Requires Approval.	
Delegate Non-Member Government*	<input type="checkbox"/> \$875		

* Government rates apply to employees and/or members of governing body of international, federal, state, county, local and provincial governments.

** Guest refers to a spouse or personal friend, not a business associate or staff member. Guest rate includes two lunches, a reception and the Monday Evening Event.

*** Members of credentialed media are welcome to attend sessions only and must check in at IBTTA registration desk. Contact Bill Cramer, Communications Director, bcramer@ibtta.org.

3. TOURS & EVENTS

	# OF TICKETS	PRICE	AMOUNT
CITY TOUR Saturday, July 23, 2016 9:00am – Noon	_____	\$50	_____
CONFERENCE PLANNING Saturday, July 23, 2016 9:00am – 4:00pm	<input type="checkbox"/> I am attending.		
TECHNICAL TOUR – Massachusetts DOT Sunday, July 24, 2016 9:00am – Noon	_____	\$35	_____
MANAGING YOUR MESSAGE IN THE MEDIA Sunday, July 24, 2016 9:00am – Noon	_____	\$45	_____
MONDAY EVENING EVENT Monday, July 25, 2016 6:00pm – 10:00pm	_____	included in registration fee	

RETURN THIS FORM ALONG WITH PAYMENT TO IBTTA

1146 19th Street NW, Suite 600
 Washington, DC 20036-3725
 Fax: +1 (202) 659-0500

*NEED WIRE TRANSFER INFORMATION OR A FORMAL INVOICE?

Registration and tour fees must be paid in full at the time attendees arrive at the workshop. Contact Harry Smith at hsmith@ibtta.org or (202) 659-4620 x10.

GENERAL INFORMATION

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 July 13, 2016.

REGISTRATION REFUND AND CANCELLATION POLICY

Full registration refunds less \$75 administrative fee will be made if cancellation is received in writing by IBTTA before July 13, 2016. No refunds will be issued after July 13, 2016. 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.

PAYMENT SUMMARY

2 REGISTRATION FEES \$ _____

3 TOURS & EVENTS \$ _____

TOTAL DUE \$ _____

METHOD OF PAYMENT

I wish to use the credit card listed below:

Visa MasterCard American Express

Credit Card Number _____

Exp. Date _____

Name on Credit Card _____

Authorized Signature (only if paying by credit card) _____

Billing Address if Different from Attendee Information _____

- Check enclosed
 Wire Transfer Pending
 Bill Me*

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 hsmith@ibtta.org.

I have read and understand the payment and cancellation policies outlined on this form.

Signature: _____

Date: _____