



BLANK AREA FOR TLPA USE ONLY

April 19-22, 2010
 Doubletree Guest Suites
 Historic Charleston, SC

Part I: Company Information

Company _____ Tel (____) _____

Address _____ Fax (____) _____

City/State/Zip/Country _____

Disabled individuals requiring written materials in an alternative format or an interpreter should send their request with this form. TLPA must receive notice of alternate needs by March 1, 2010.

Part II: Attendee Information

Attendee Name Provide the first and last name of each person as you want it to read on your name badge, one per line. If more than five individuals are being registered, or you are registering individuals from different companies, please copy this form.	E-mail Addresses Registration confirmations and conference updates will be issued to the e-mail addresses provided below.	Conference Registration Fee Provide the appropriate amount as listed in the fee structure below.	Optional Event Sunset Blues & BBQ Cruise	Total
1.		\$	\$	\$
2. spouse:		\$	\$	\$
3.		\$	\$	\$
4.		\$	\$	\$
5.		\$	\$	\$

FEE STRUCTURE	Registration Received April 1-22	Optional Event Sunset Blues & BBQ Cruise	
TLPA or Spouse or Public Sector Member	\$350	\$65	
Non-Member Operator, Public Sector Non-Member or Spouse	\$550	\$100	Grand Total
Vendor: Exhibitor (consultant, supplier, etc.)	\$350	\$65	\$
Vendor: Non-Exhibitor (consultant, supplier, etc.)	\$700	\$100	
Child (6-19)	\$250	\$65	

Part III: Payment Information

Enclose your check payable to the Taxicab, Limousine & Paratransit Association for the total amount of registration fees due. Full payment of registration fees must accompany this form in order for convention registration to be processed. All fees must be paid in U.S. currency and checks must be drawn on a U.S. bank. The preferred payment method is by an American Express credit card. Charge to American Express MasterCard VISA

Name on Card _____ Card # _____ Security Code _____

Exp. Date _____ Authorized Amt. Charged \$ _____ Authorized Signature _____

Billing Street Number and Zip Code _____

CANCELLATION POLICY: Substitute attendee(s) from the same company are welcome; 90% refund if written request is received at the TLPA office by February 1, 2010; and 50% refund if written request is received at the TLPA office by March 1, 2010. No refunds will be made after March 1, except for a documented medical emergency that is received at the TLPA office by April 30, 2010. No further refunds will be made.

Part IV: Hotel Room Reservation Information

Convention registrants, make your hotel reservations directly with the Doubletree Guest Suites, 181 Church Street, Charleston, SC as soon as possible. You may order a room through the link at our TLPA web site (www.tlpa.org) or call the Doubletree Guest Suites' direct toll free reservations line at (877) 408-8733 and use the reservation code TLR. Sign up for your hotel room now!

Part V: Return this form with payment for the convention to:
 Taxicab, Limousine & Paratransit Association,
Spring Conference & Expo
 3200 Tower Oaks Blvd., Suite 220, Rockville, MD 20852
 Phone: 301-984-5700 • Fax: 301-984-5703
 www.tlpa.org • info@tlpa.org