



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"/>	\$ _____	\$ _____	\$ _____
Name* _____ E-mail _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____
Name* _____ E-mail _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____
<b>CONVENTION FEE STRUCTURE</b>							\$ _____
	thru Sept. 22	Sept. 23 or Later	TLPF Golf Tournament	Convention Kick-Off Party	WIT Networking Event	Closing Reception & Silent Auction	
TLPA Members & Spouses (other than vendors)	\$398	\$449	\$140	\$25	\$85	\$25	
Nonmembers & Spouses (other than vendors)	\$589	\$649	\$140	\$50	\$110	\$50	
Vendor Exhibitors & Spouses	\$398	\$449	\$140	\$25	\$85	\$25	
Vendor Non-Exhibitor & Spouses	\$2,398	\$2,449	\$140	\$65	\$125	\$65	
Child (ages 6-19)	\$298	\$399	\$140	\$25	\$65	\$25	GRAND TOTAL

**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](http://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](mailto:info@tlpa.org) • W: [www.tlpa.org](http://www.tlpa.org)