



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.		Convention Registration Fee, Refer to the Convention Fee Structure below.		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*	_____	\$	\$	\$	<input type="checkbox"/>	\$	\$	\$		
E-mail	_____									
Spouse Name*	_____	\$	\$	\$	<input type="checkbox"/>	\$	\$	\$		
E-mail	_____									
Name*	_____	\$	\$	\$	<input type="checkbox"/>	\$	\$	\$		
E-mail	_____									
Name*	_____	\$	\$	\$	<input type="checkbox"/>	\$	\$	\$		
E-mail	_____									
								\$		
CONVENTION FEE STRUCTURE		Sept. 23 or Later	Daily Registration			TLPF Golf Tournament	Convention Kick-Off Party	WIT Networking Event	Closing Reception & Silent Auction	GRAND TOTAL
			Monday	Tuesday	Wednesday					
TLPA Members & Spouses (other than vendors)	\$449	\$225	\$250	\$225	\$140	\$25	\$85	\$25		
Nonmembers & Spouses (other than vendors)	\$649	\$325	\$350	\$325	\$140	\$50	\$110	\$50		
Vendor Exhibitors & Spouses	\$449	\$225	\$250	\$225	\$140	\$25	\$85	\$25		
Vendor Non-Exhibitor & Spouses	\$2,449	\$1,250	\$1,500	\$1,250	\$140	\$65	\$125	\$65		
Child (ages 6-19)	\$399	\$125	\$150	\$125	\$140	\$25	\$65	\$25		

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.

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 • W: www.tlpa.org