

# Exhibitor/Sponsor Representatives

**All company representatives must be registered for admittance to the trade show floor and any conference events.**

## 1. ADDITIONAL REPRESENTATIVE

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

COMPANY \_\_\_\_\_

E-MAIL \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

- Full Conference    Tuesday only    Wednesday only    Thursday only  
 Friday only    EXPO only pass    Thursday Dinner

## 2. ADDITIONAL REPRESENTATIVE

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

COMPANY \_\_\_\_\_

E-MAIL \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

- Full Conference    Tuesday only    Wednesday only    Thursday only  
 Friday only    EXPO only pass    Thursday Dinner

### SPECIAL NEEDS

Representative number(s): \_\_\_\_\_

- Needs special assistance during the conference

**SAVE TIME!** Register online at [www.caltransit.org](http://www.caltransit.org) or [www.calact.org](http://www.calact.org)

**Please return this form to:** California Transit Association,  
 1415 L Street, Suite 200, Sacramento, CA 95814  
 Phone: 916-446-4656 Fax: 916-446-4318  
 Email: [exhibit@caltransit.org](mailto:exhibit@caltransit.org)

## 3. ADDITIONAL REPRESENTATIVE

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

COMPANY \_\_\_\_\_

E-MAIL \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

- Full Conference    Tuesday only    Wednesday only    Thursday only  
 Friday only    EXPO only pass    Thursday Dinner

### REGISTRATION FEES:

#### EARLY REGISTRATION BEFORE OCTOBER 17

	MEMBERS	NON MEMBERS		
Full conference	\$330	\$380	x	= \$ _____
3 or more (each)	\$295	NA		
Single day	\$200	\$250	x	= \$ _____
EXPO only pass	\$75	\$95	x	= \$ _____
Thursday dinner	\$40	\$50	x	= \$ _____

#### LATE REGISTRATION AFTER OCTOBER 17

	MEMBERS	NON MEMBERS		
Full conference	\$380	\$430	x	= \$ _____
3 or more (each)	\$345	NA		
Single day	\$225	\$280	x	= \$ _____
EXPO only pass	\$85	\$105	x	= \$ _____
Thursday dinner	\$40	\$50	x	= \$ _____
			TOTAL	= \$ _____

### PAYMENT

- Visa    MC    AMEX   Check Number \_\_\_\_\_

Make checks payable to: California Transit Association

CARD NUMBER \_\_\_\_\_

CSV (CARD SECURITY VALUE) \_\_\_\_\_ EXP. \_\_\_\_\_

CARDHOLDER NAME \_\_\_\_\_

CARDHOLDER SIGNATURE \_\_\_\_\_