



National Conference of State Transportation Specialists

2019 Annual Conference Planning Meeting

Embassy Suites – Tampa Downtown Convention Center - Tampa, FL

Annual Conference Registration Form

REGISTRANT INFORMATION	Registrant:									
	Title:									
	Agency/Company/ Organization:									
	Mailing Address:									
	City:				State:			Zip:		
	Phone Number:						Email Address:			
	Guest/Companion Name(s):									
	Guest/Companion Name(s):									
REGISTRATION FEES	Participation Level			Fee		Quantity/ Number of Guests		Total		
	Full Conference Participant <i>(Attend all conference meetings, events and meals)</i>									
	Guest of Full Conference Participant <i>(Attend conference meals and events)</i>									
	UCR – Industry Participation Only									
	Mail or Email Completed Registration Forms To: VA DMV P. O. Box 27412 Richmond, VA 23269 Attn: LaTrice Ampy MCS/Room 608 latrice.ampy@dmv.virginia.gov				Make Payment To: National Conference of State Transportation Specialists					
				Total Fees Due:						
		Check if invoice is needed for check payment.				Check if invoice is needed for credit card payment (PayPal).				
								Check if no invoice is needed.		
<i>*Provide the quantity attending each meal or event. Include yourself in each count.</i>										
MEALS/EVENTS	Event			QTY*		Event			QTY*	
	Lunch Monday, 1/28					Lunch Tuesday, 1/29				