

Registration Form

To register online, please visit the TLA **website**
Please note that there will be a 3% fee added to all online registrations.

STEP ONE: Name Badge & Roster Information (please print legibly)

Registrant's Name: _____

(Print your name how you'd like it to appear on your badge and the attendee roster)

Company/Firm: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Email Address: _____ Telephone Number: _____

Special Dietary Needs/Allergies: Vegetarian Vegan Gluten Free Kosher Other: _____

From what states will you be requesting CLE for this program? _____

STEP TWO: Liability Waiver & Emergency Contact

Please read and sign. I agree and acknowledge that I am undertaking participation in TLA events and activities as my own free and intentional act, and I am fully aware that possible physical injury might occur to me as a result of my participation in these events. I give this acknowledgement freely and knowingly, and I am, as a result, able to participate in TLA events, and I do hereby assume responsibility for my own well-being. I am aware that photographs and video will be taken during the conference and may be published in *The Transportation Lawyer* and in promotional materials.

By signing their name below, the attendee is acknowledging that they have read our **Anti-Harassment Policy**:

Signature: _____ Date: _____

Emergency Contact: _____

Name

Relationship

Phone

STEP THREE: Conference Registration

TLA Member CTLA Member

	By Mar. 21	Mar. 22-Apr. 22	After Apr. 22
Member	<input type="checkbox"/> \$950	<input type="checkbox"/> \$1,110	<input type="checkbox"/> \$1,360
Non-Member*	<input type="checkbox"/> \$1,360*	<input type="checkbox"/> \$1,445*	<input type="checkbox"/> \$1,665*
Retired Member/Student	<input type="checkbox"/> \$615	<input type="checkbox"/> \$615	<input type="checkbox"/> \$615

Guest (13 and Older)**

Name: _____ \$510 \$510 \$510

Email: _____

Special Dietary Needs/Allergies: Vegetarian Vegan Gluten Free Kosher Other: _____

Name: _____ \$510 \$510 \$510

Email: _____

Special Dietary Needs/Allergies: Vegetarian Vegan Gluten Free Kosher Other: _____

Child (4-12)

Name: _____ \$140 \$140 \$140

Child (3 and Younger) FREE

Name: _____

Special Dietary Needs/Allergies: Vegetarian Vegan Gluten Free Kosher Other: _____

I am a first-time attendee

I am Corporate Counsel

First-time attendees and Corporate Counsel are guaranteed the early rate regardless of when they register.

If you are only able to attend a portion of the meeting, see page two of the registration form for single-day pricing and registration.

Registration Form

Page 2

STEP FOUR: Special Events & Single-Day Registration

(Please print the name of the spouse/guest/child registering for the event on the line provided.)

APRIL 30

Golf Tournament – 1:00 p.m. Shotgun Start

- Attendee – \$160/Handicap _____
- Guest Name: _____ – \$160; Handicap _____
- Guest Name: _____ – \$160; Handicap _____

Tennis Tournament – 2:00 p.m. – 4:00 p.m.

- Attendee – \$30
- Guest Name: _____ – \$30
- Guest Name: _____ – \$30

THURSDAY, MAY 1

- Single-Day Education Program (member) – \$375
- Single-Day Education Program (non-member) – \$485

Shots in the Night

(The Shots in the Night is an outdoor golf off-site event included with full registration Transportation and dinner will be provided.)

Note: The extra event ticket is for additional guests to attend Shots in the Night only and is not required for fully registered attendees and guests.

- Guest Name: _____ – \$175
- Guest Name: _____ – \$175
- Guest Name: _____ – \$175

FRIDAY, MAY 2

- Single-Day Education Program (member) – \$375
- Single-Day Education Program (non-member) – \$485

Annual Reception and Banquet 6:00 p.m. – 9:00 p.m.
Extra Event Ticket – \$175

(includes two drink tickets, reception, and banquet meal)

Note: The extra event ticket is for additional guests to attend the Annual Banquet only and not required for fully registered attendees and guests.

- Guest Name: _____ – \$175
- Guest Name: _____ – \$175
- Guest Name: _____ – \$175

SATURDAY, MAY 3

- Single-Day Education Program (member) – \$360
- Single-Day Education Program (non-member) – \$470

Fun Run/Walk – (includes custom-designed t-shirt)

- Attendee – \$30 T-Shirt Size _____
- Guest Name: _____ – \$30 T-Shirt Size _____
- Guest Name: _____ – \$30 T-Shirt Size _____

STEP FIVE: Total Fees

Funds MUST be submitted from a U.S. bank in U.S. funds.

- Total Registration Fee (from Step 3) \$ _____
- Total Guest/Child registrations (from Step 3) \$ _____
- Total Special Events/Single Day (from Step 4) \$ _____
- Total Payment Enclosed \$ _____

(Payment is due with the registration form.)

STEP SIX: Payment Information

- Register online by credit card
Please note there will be a 3% fee added to these costs if registering online
- Check enclosed (make checks payable to TLA in U.S. currency drawn on a U.S. bank.)
Check number _____
Please complete this form and submit it with a check to:
TLA
529 14th Street, NW, Suite 1280
Washington, DC 20045
Email a scanned copy of the form to
tla-info@kellencompany.com

Cancellation Policy: A \$200 cancellation fee will be assessed on registrations cancelled from March 7 – April 7, 2024. After April 7, cancellations will not be accepted. Substitutions of the same member type will be allowed, but must be requested in writing no later than April 16, 2025 to tla-info@kellencompany.com.

*\$350 of the non-member registration fee will pay for your TLA membership from April 1, 2025 through July 31, 2026, if you meet the membership qualifications, entitling you to attend the Annual Business Meeting as a voting member upon review and approval of membership by the Membership Committee. A member application will be sent to you for completion.

**Guest/Child registration include the Welcome Reception, daily breakfast, Thursday, Friday and Saturday Evening events.