

# MASSTrans - 2018 Frontline Conference Registration

Email or mail completed registration and payment to:  
CWTA • 951 Casa Rd • Cadillac MI 49601  
Phone: 231.942.7804 • [conference@masstrans.org](mailto:conference@masstrans.org)  
Make checks payable to: **MASSTrans**

**Deadline for Registration:  
July 25, 2018**

## Part I—PARTICIPANT

Please print clearly and use one form per person.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone:( \_\_\_\_\_ ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

First-Time Attendee? (circle one)    Yes    No

## Part II—REGISTRATION OPTIONS

Please choose the number of days you will be attending:

3 Days - \$275       2 Days - \$225       1 Day - \$115

Which days will you be attending?     Thursday     Friday     Saturday

**\*All registrations received after July 25, 2018 will incur a Late Fee of \$50.<sup>00</sup> for each registrant.**

## Part III—GUESTS

We ask all guests to register for safety reasons, even if meals are not required. Please indicate age if under 13. If you add guests meals, this includes all planned conference meals. See Conference Agenda for meal times.

**If you selected Agency Pay on your form, the agency will be responsible for all guest costs.**

Guest: \_\_\_\_\_ Age: \_\_\_\_\_

Guest: \_\_\_\_\_ Age: \_\_\_\_\_

Guest: \_\_\_\_\_ Age: \_\_\_\_\_

Guest: \_\_\_\_\_ Age: \_\_\_\_\_

Guest: \_\_\_\_\_ Age: \_\_\_\_\_

Guest: \_\_\_\_\_ Age: \_\_\_\_\_

Guest: \_\_\_\_\_ Age: \_\_\_\_\_

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#### Part III—GUEST ...continued

#### Meal Options (Check appropriate box)

\*Meal Options are for any guest (s) of the registrant only. Meals are included for the primary registrant.

Adult Guest (s) - Full Conference (2 or 3 Day) Please Circle Days they will attend: **Thurs** **Fri** **Sat**  
\_\_\_\_\_ Number of Guests x \$60 = \$\_\_\_\_\_

Adult Guest (s) (1 Day) \_\_\_\_\_ Number of Guests x \$30/day = \$\_\_\_\_\_  
Circle One: **Thurs** **Fri** **Sat**

Kids Guest - Full Conference (2 or 3 Day) Please Circle Days they will attend: **Thurs** **Fri** **Sat**  
\_\_\_\_\_ Number of Kids x \$30 = \$\_\_\_\_\_

Kids Guest (1 Day) \_\_\_\_\_ Number of Kids x \$15/day = \$\_\_\_\_\_  
Circle One: **Thurs** **Fri** **Sat**

TOTAL = \$\_\_\_\_\_

\*For single day meal tickets, select either Thursday, Friday or Saturday.

Kids 3 and under are FREE; Kids ages 4—12 are “Kid” Rate; Kids 13 and up are “Adult” Rate.

#### Part IV—PAYMENT METHOD

Total Registration Fee: \$\_\_\_\_\_

Payment Method:  Check  Visa  MasterCard  Agency Pay—Director’s Signature Required

Credit Card #: \_\_\_\_\_

\_\_\_\_\_  
Director’s Signature

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_

PLEASE NOTE: REGISTRATION IS NOT COMPLETE UNTIL ALL PAYMENTS RECEIVED.

#### Registration Tips:

- Please book your own hotel room and travel directly. Information can be found at [www.masstrans.org](http://www.masstrans.org). Rooms must be booked by July 13, 2018. A hotel registration form is attached and must be completed.
- Please note that if you stay on Friday, there is a two night minimum and Saturday is required if you stay at Boyne Mountain.
- If you will be bringing guests with you, please fill out the guest registration form found online at [www.masstrans.org](http://www.masstrans.org), or on the front of this form.
- Hotel Room cancellations received after July 30, 2018 are non-refundable, but substitutions are acceptable.
- If you have questions, please email them to [conference@masstrans.org](mailto:conference@masstrans.org).