

National Conference of State Transportation Specialists

2016 Annual Meeting – Providence, Rhode Island

Annual Conference Registration Form – One per Registrant

70	Regis	trant:												
EGI	Title:													
<b>REGISTRANT INFORMATION</b>	Agency/Company/ Organization:													
ANT	Mailir	ng Address:												
INFC	City:							State:			2	Zip:	ip:	
)RM/	Phone Number:							Email Addres			\$:			
ATIO	Guest/Companion Name(s):													
Ž	Guest/Companion Name(s):													
	Partic	Participantion Level					Fee			Quantity/ Number of Guests		Total		
R	Full Conference Participant													
GIS	(Attend all conference meetings, events and meals)													
<b>REGISTRATION FEES</b>	Guest of Full Conference Participant (Attend conference meals and events)													
NO	UCR Participation ONLY													
FEES	Mail or Email Completed Registration Forms To: Larry Herold Colorado Public Utilities Commission 1560 Broadway, Suite 250 Denver, CO 80202						Make Payment To: National Conference of State Transportation Specialists					_		
	P 303.894.2859 / F 303.894.2065													
	Email:	Email: Larry.herold@state.co.us					Total Fees Du							
							f invoice is needed for ard payment (PayPal).				Check if no invoice is needed.			
2	*Provid	*Provide the quantity attending each meal or event. Include yourself in each count.												
MEALS/EVENTS	Event	Event			QTY* Event			QTY*		Event			QTY*	
S/EV	Breakfast 6/5			Breakfas			t 6/7			Lunch 6/8				
ENT	Breakfast 6/6			Lunch 6/7			7							
Ś	President Reception 6/6				Breakfast 6/8									