

National Conference of State Transportation Specialists

2016 Annual Meeting – Providence, Rhode Island

Annual Conference Registration Form – One per Registrant

70	Regis	trant:												
EGI	Title:													
REGISTRANT INFORMATION	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)													
REGISTRATION FEES	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									