



NATIONAL SCHOOL TRANSPORTATION ASSOCIATION

NSTA Midwinter Meeting
SAWGRASS MARRIOTT RESORT & SPA
Ponte Vedra Beach, Florida – January 19–22, 2019

DELEGATE REGISTRATION FORM

DELEGATE: _____ NICKNAME (for badge): _____

COMPANY: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____ E-MAIL: _____

LIST ANY DIETARY RESTRICTIONS: _____

MIDWINTER MEETING DELEGATE REGISTRATION FEE:

One registration fee applies for each delegate attending the Midwinter Meeting (which includes all meetings, group meals and special events).

	<u>Up until December 18th</u>	<u>December 19th or later</u>
Member fee	\$325.00	\$425.00
Non-member fee	\$425.00	\$525.00

Spouses, guests and children are welcome to attend group meals or special events, but individual ticket fees apply (see *Individual Ticket Registration Form*).

GOLF TOURNAMENT FEE:

*Additional fees apply for the golf tournament. Tournament starts with shotgun start at 9:30am at **TPC Sawgrass – Dye’s Valley** (110 Championship Way, Ponte Vedra Beach, FL 32082). Participants will be billed \$195.00 per person for playing in the golf tournament, which includes a boxed lunch, golf cart and greens fees. (Club rental is \$85 for clubs which includes 2 sleeves of balls. Shoe rental is available at \$20. Rentals are to be paid directly to the golf club at the pro shop. Details on how to reserve clubs, golf pairings and other information will be sent to you in December). If you have not registered as a Delegate, individual tickets must be purchased to attend the Reception/Golf Awards. *Cancellations must be made by December 18, 2018 or you will be billed for your round of golf.*
NO EXCEPTIONS.

CANCELLATION:

If you need to cancel your registration, you can make a request, in writing, no later than Tuesday, December 18, 2018. A \$75.00 service fee will be deducted from your total payment. There will not be any refunds for cancellations after December 18, 2018. All refunds are subject to NSTA’s discretion. Cancellations of hotel reservations are covered by the hotel policies.

MEETING ATTENDANCE:

Your delegate registration fees include all aspects of the Midwinter Meeting. In order to have the appropriate set up for each event, please let us know which of the following you will be attending by placing a checkmark in the box next to each function.

Sunday, January 20th

- Golf Tournament*
- Welcome Reception & Golf Awards

Monday, January 21st

- Breakfast Buffet
- General Sessions
- Membership and Awards & Meetings Committee Meeting
- President’s Reception/Dinner

Tuesday, January 22nd

- Breakfast Buffet
- Strat Plan Update & Industry Updates (NAPT/NASDPTS/ASBC)
- Safety & Security Committee Meeting
- General Session
- Government Relations Committee Meeting
- Lunch and Board Meeting

CALCULATE YOUR PAYMENT:

Registration Fee	\$ _____
Golf Tournament Fee* (\$195.00 per person)	\$ _____
Individual Tickets (separate form)	\$ _____
TOTAL AMOUNT DUE	\$ _____

PAYMENT INFORMATION:

CHECKS

Please make your check out to **NSTA** and mail it with this form to:

National School Transportation Association
623 N. Broad Street
Lansdale, PA 19446

CREDIT CARD

If paying by credit card, please fill out the attached credit card authorization form.

WHERE/HOW TO SEND IN FORM:

- fax your registration to 703-684-3212
- email to info@yellowbuses.org
- mail it to the address above

QUESTIONS?

Call NSTA at (703) 684-3200 or e-mail info@yellowbuses.org.



One Time Credit Card Payment Authorization Form

Please sign and complete this form to authorize the *National School Transportation Association* to make a one-time debit to your credit card listed below.

By signing this form you give NSTA permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize *NSTA* to charge my credit card account indicated below for
(full name)
_____ on or after _____ with the understanding that it will be processed within
(amount) (date)
7 days from receipt. This payment is for _____.
(description of goods/services)

Billing Address _____ Phone # _____
City, State, Zip _____ Email _____

Card Type: Visa MasterCard AMEX Discover
Cardholder Name _____
Card Number _____
Expiration Date _____
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

I authorize the above named business to charge the credit card indicated on this authorization form according to the terms outline above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

SIGNATURE _____ DATE _____