



NSTA 2010 ANNUAL MEETING & CONVENTION

Hyatt Regency Hotel ~ St. Louis, MO

July 24 – 28, 2010

- Please complete both pages of this registration form -

DELEGATE REGISTRATION (for those attending business meetings and meal functions)

NAME: _____

BADGE NAME (if different): _____

COMPANY NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____ FAX: _____

EMAIL: _____

DELEGATE REGISTRATION INCLUDES: Admission to all speaker presentations and business meetings; Sunday's Reception and Awards Ceremony; breakfasts Monday, Tuesday and Wednesday; Monday's Luncheon, the President's Dinner, and the Awards Banquet.

SPOUSE REGISTRATION (attending meal functions)

NAME: _____

BADGE NAME (if different): _____

Spouse registration includes: Admission to all spouse events, Sunday's Reception and Awards Ceremony; breakfasts Monday, Tuesday and Wednesday; Monday's Luncheon, the President's Dinner; and the Awards Banquet.

REGISTRATION FEES:

Please choose cost based on date specifications:

NSTA Members

Early Bird Registration Fee (on or before June 5th)
Standard Registration Fee (after June 5th)

Delegate

\$584
\$684

Spouse/Guest

\$534
\$634

Non-Members

Early Bird Registration Fee (on or before June 5th)
Standard Registration Fee (after June 5th)

\$684
\$784

\$634
\$734

Children attending (individual tickets must be purchased for events attended):

Interested in Golfing? You can arrange tee times through NSTA for Saturday, July 18th. NSTA will

MEETING ATTENDANCE:

Your registration fee includes admittance to all of the events indicated below. Please mark which events you plan to attend:

	<u>Delegate</u>	<u>Spouse/Guest</u>
Sunday, July 25, 2010		
• Safety Competition Awards	<input type="checkbox"/>	<input type="checkbox"/>
Monday, July 26, 2010		
• Breakfast	<input type="checkbox"/>	<input type="checkbox"/>
• Morning presentations/committee meetings	<input type="checkbox"/>	n/a
• Afternoon presentations/committee meetings	<input type="checkbox"/>	n/a
• President's Reception/Dinner	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday, July 27, 2010		
• Breakfast	<input type="checkbox"/>	<input type="checkbox"/>
• Morning presentations	<input type="checkbox"/>	n/a
• Committee Meetings	<input type="checkbox"/>	n/a
• NSTA Annual Awards Dinner	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday, July 28, 2010		
• Breakfast	<input type="checkbox"/>	<input type="checkbox"/>
• Morning meetings	<input type="checkbox"/>	<input type="checkbox"/>

Please list any dietary needs:

REGISTRATION PAYMENT INFORMATION:

CHECKS:

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

**National School Transportation Association
113 South West Street, 4th Floor
Alexandria, Virginia 22314**

CREDIT CARD:

Name on Card: _____

Credit card number: _____ Ex.date: _____ CID# _____

If paying by credit card, you can fax your registration to **703-684-3212** or mail it to the address above.

CANCELLATION POLICY:

If you need to cancel your registration, you can make a request, in writing, no later than Monday, June 14, 2010. A \$35.00 service fee will be deducted from your total payment. There will not be any refunds for cancellations after June 14, 2010. All refunds are subject to NSTA's discretion.

INDIVIDUAL TICKET PRICE SHEET

Tickets may be purchased for the events below. Please note times for events are approximate until Final Agenda is presented at the meeting.

Name: _____
 Company: _____
 Address: _____
 City: _____ State: ____ ZIP: _____

Special Event	Quantity	Cost	Total
International Safety Competition, Reception and Awards Ceremony			
Sunday, July 25th 6:45 PM - 8:15 PM Dinner/Awards	_____	\$ 45.00	_____
Buffet Breakfast			
Monday, July 26th 7:30 AM - 8:30 AM	_____	\$ 55.00	_____
President's Reception/Dinner			
Monday, July 26th 6:00 PM - 10:00 PM	_____	\$135.00	_____
Buffet Breakfast			
Tuesday, July 27th 7:30 AM - 8:30 AM	_____	\$ 55.00	_____
NSTA Awards Reception and Dinner			
Tuesday, July 27th 6:00 PM - 10:00 PM	_____	\$100.00	_____
Buffet Breakfast			
Wednesday, July 28th 7:30 AM - 8:30 AM	_____	\$ 55.00	_____
TOTAL AMOUNT DUE			_____

Paid by: Cash Check # _____
 Credit Card (circle one): Visa MasterCard American Express
 Credit Card Number _____ Exp: _____ CID#: _____

Name of guests using tickets purchased:

