

# registration form

## 2010 Southeast TDM Symposium

Please print or type. We cannot be held responsible for the accuracy of name badges and registration forms for illegible forms although we will try our best. Please use only one form per registrant. If you need additional forms, please feel free to make copies or download additional forms at [www.actweb.org](http://www.actweb.org). Unfortunately, online registration is not available for this symposium. **THE REGISTRATION DEADLINE IS MAY 15, 2010.**

name:	_____		
organization:	_____		
address:	_____		
city:	state:	zip:	
_____	_____	_____	
phone #:	fax #:		_____
_____	_____		_____
e-mail address:	website:		
_____	_____		

### Registration fees

Full conference registration includes two lunches, breaks, admission to the Sunday night reception, and all sessions. If issuing a purchase order for payment of your conference registration, please notify SEACT if receipt of such payment might be received beyond the dates below.

SEACT Member Rate:  \$125      ACT (non-SEACT) Rate:  \$150      Non-Member:  \$200  
One-Day Registration:  \$100 >> Please indicate day >>  Monday, May 24     Tuesday, May 25

### Video-Conferencing Option

If you are unable to attend the Symposium physically but would like to participate in one or both of the video conferencing options on Monday afternoon, please check the appropriate box. For additional information, contact Julie Bond at [bond@cutr.usf.edu](mailto:bond@cutr.usf.edu).

"Your Commuting Carbon Footprint"  
Monday, May 24 -- 1:30 pm - 3:00 pm

"Effective Business Communication"  
Monday, May 24 -- 3:15 pm - 4:45 pm

### Kayak Tour

"I would like to receive additional information about Sunday's kayak tour."

### Payment Information

<b>Complete and return Registration Form along with payment to:</b>  Kathy Molin, TDM Coordinator City of Asheville PO Box 7148 Asheville NC 28802 Phone - 828-232-4564 Fax - 828-232-4525  <b>Registration Deadline is May 15, 2010.</b> (exceptions may apply)	<input type="checkbox"/> Check Enclosed (payable to SE Chapter of the Association for Commuter Transportation)
	<input type="checkbox"/> Purchase Order # _____ Issuing Agency: _____
	<b>Credit Card</b> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Diner's Club <input type="checkbox"/> Card #: _____    Exp. Date: ___/___ Name of Cardholder: _____ <b>The address supplied below must match the billing address on the credit card.</b> Organization (if applicable): _____ Address: _____ City, State, Zip: _____ Telephone: _____    Fax: _____    e-mail: _____ Signature of Cardholder: _____