

REGISTRATION FORM

NAME: _____

DELEGATE ID: _____

COMPANY: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____



SELECT YOUR TOP TWO CHOICES:

(Place a "1" next to your first choice and a "2" next to your second choice.)

Arrival times vary. Please refer to FAMs for arrival and departure information.

PRE-Marketplace FAMs:

____ PENNSYLVANIA PURSUITS: A JOURNEY ACROSS THE STATE

____ FARMS, BATTLEFIELDS AND FACTORIES

____ SIX COUNTIES IN LESS THAN 170 MILES

____ A SHORE THING

POST-Marketplace FAM:

____ AMERICA'S FIRST STATE

CHECK ALL THAT APPLY:

Non-Smoking Room

One Bed

Two Beds

Handicapped Accessible

Dietary Restrictions _____

Special Needs _____

FEES:

\$75.00 deposit per Operator/Buyer delegate and guest.

Please make checks payable to ABA. Participant's fee will be refunded upon completion of FAM tour. No cancellations or refunds will be given after a reservation confirmation is sent to attendee by the FAM Tour Committee.

Mail or fax form to:

Marketplace FAM TOUR Registration
American Bus Association
700 13th St, N.W. Ste. 575
Washington, D.C. 20005
Fax: 202-898-1575

QUESTIONS?

Meetingsdept@buses.org / 800-283-2877

You will receive a confirmation of your tour selections upon receipt of payment and registration form.

DEADLINE FOR REGISTRATION IS NOVEMBER 23, 2010.