

TRB 88th Annual Meeting
January 11-15, 2009
Meeting Registration and Hotel Reservation Form

Online Recommended – Credit card only, TRB.org/Meeting.
Fax – Credit card only to 301-694-5124.
Mail – Check or credit card information to TRB, P.O. Box 4088, Frederick, MD 21705.
Questions? Telephone M-F (9:00 a.m. – 5:00 p.m. EST) 866-229-3691 (U.S., Canada, and Mexico) or 301-694-5243. TRB091.Attendee@Experient-Inc.com

Please print. Check if this is an address change.

 First Name Last / Family Name

 Title

 Nickname for Badge Telephone Fax

 Organization

 Address

 City State/Province Zip/Postal Code

 Country E-mail (Required for full access to the Interactive Program)

 Mentee First Name Mentee Last / Family Name

 Mentee Nickname Mentee E-mail

I. Registration Fees (must select one)		Advance— by November 30	After November 30 and on Site
<input type="checkbox"/> A. General Registration ¹		\$525	\$790
One Day Registration (select one)		\$265	\$400
<input type="checkbox"/> B1. Sun <input type="checkbox"/> B2. Mon <input type="checkbox"/> B3. Tue <input type="checkbox"/> B4. Wed			
<input type="checkbox"/> C. TRB Individual Affiliate Member		\$425	\$685
<input type="checkbox"/> D. Member of TRB Technical Activities Division Group, Section, Committee, ² Task Force; Member of CRP Oversight Committee; ^{3,4} TRB-Appointed University Representative; ³ Mentee ⁵		\$325	\$495
<input type="checkbox"/> E. Program Presenter ^{3,6}		\$325	\$495
<input type="checkbox"/> F. TRB Executive Committee; Chair of TRB Technical Activities Division Group, Section, Committee, ² Task Force; TRB-Appointed Transit Representative; ³ Employee of TRB Sustaining or Organizational Affiliate; ³ Media		No Fee	No Fee
<input type="checkbox"/> G. Emeritus Member		\$110	\$130
<input type="checkbox"/> H. Employee of TRB Sponsor ⁷		No Fee	No Fee
<input type="checkbox"/> I. TRB Student Affiliate Member ⁸		\$50	\$60
<input type="checkbox"/> J. Student ^{1,8}		\$110	\$130

¹ Become a TRB affiliate by November 30 and pay the reduced registration rate in category C or I. Sign up as an Affiliate Member at the time of registration (M1 or M2)
² Subcommittees not included.
³ Must receive special nontransferable notice from TRB to qualify.
⁴ Limited to SCOR, TOPS, AOC, FROC, and HMTOP.
⁵ Must be age 35 or younger and be from the same organization as the mentor registrant that is registered in category A–G. Mentees cannot register themselves.
⁶ TRB Program Presenters must appear in the Interactive Program to qualify for this category.
⁷ Private contractors may not register in this category.
⁸ Must be full-time student, age 35 or younger, and show student ID at registration.

Check if you **do not** want to receive the TRB E-Newsletter.
 Check if you **do not** want to receive exhibitor mailings.
 If you have a disability that requires special accommodation, please describe: _____

IV. Hotel Reservation (TRB meeting registration required)

No hotel required; staying at/sharing with _____

Arrive: Day/Date _____, January _____, 2009
 Depart: Day/Date _____, January _____, 2009
 Choice 1 _____
 Choice 2 _____
 Choice 3 _____

Check: Single (1 person) Double (2 persons)
 Requests (bed size, accessibility needs, etc.): _____

Frequent Stay # _____ (confirm at check-in)
 Hotel rooms are limited. Please check one of the following, "If none of my choices are available..."
 Do not assign a room **or** assign a room at any hotel.
Credit card needed to guarantee room reservation.
 The card in "VI. Payment" will be used unless noted.

II. Affiliate Membership/Optional Fees		Advance— by November 30	After November 30 and on Site
<input type="checkbox"/> M1. Individual Affiliate		\$125	\$ _____
<input type="checkbox"/> M2. Student Affiliate		\$81	\$ _____
Human Factors Workshops (select one)			
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$225	\$300
<input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I			
<input type="checkbox"/> M3. Chairman's Luncheon	Quantity _____ x	\$60	\$70
<input type="checkbox"/> New and Young Attendees Welcome Session		No Fee	No Fee
	Subtotal		\$ _____

V. Optional Information (select all that apply)

1. Male 2. Female 3. New Attendee 4. Minority

III. Organizational Type (select only one)

<input type="checkbox"/> 1. U.S. DOT	<input type="checkbox"/> 7. University/University-Based Research
<input type="checkbox"/> 2. Other U.S. Federal Government	<input type="checkbox"/> 8. Student
<input type="checkbox"/> 3. Government (Non-U.S.)	<input type="checkbox"/> 9. Consultant/Contractor
<input type="checkbox"/> 4. State Transportation Department	<input type="checkbox"/> 10. Industry/Commercial
<input type="checkbox"/> 5. Other State Government	<input type="checkbox"/> 11. Association/Nonprofit
<input type="checkbox"/> 6. Local or Regional Government Agency (city, county, or MPO)	<input type="checkbox"/> 12. Other (specify) _____

VI. Payment

Transfer from I and II:
 Registration Fee \$ _____
 Optional Fees \$ _____
Total Payment \$ _____

Payment by credit card is strongly recommended.
 MasterCard VISA American Express

 Card #

 Signature

 Expiration Date

Check or money order (payable to TRB in U.S. funds drawn on U.S. bank).
 Purchase Order (domestic government agencies and universities only) # _____

No wire transfers.