MAIL-IN REGISTRATION FORM
Regional Local Road Conference - October 18-19, 2017
Best Western Ramkota Hotel, 2111 LaCrosse St, Rapid City, SD

Name: ____________________________________________________________
Title: ______________________________________________________________
Agency: ____________________________________________________________
Address: ____________________________________________________________
City: _________________________________________________________________
State: __________________________ Zip: __________________________
Phone: ______________________ Fax: __________________________
Email: ____________________________________________________________

REGISTRATION COSTS
Includes one lunch, one breakfast, breaks, vendor social
\[
\begin{align*}
&\text{[ ] }  \$100 \text{ Attendee—Early Bird Registration if paid by October 6} \\
&\text{[ ] }  \$125 \text{ Attendee—Registration Fee after October 6} \\
&\text{[ ] }  \$ 75 \text{ for each Additional Guest Meal Package—Includes meal pkg. for those not attending the conference--Lunch & Vendor Social 10/18; Breakfast 10/19} \\
\end{align*}
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Additional Guest’s Name: ____________________________________________

EXHIBIT BOOTHS ASSIGNED BY ONLINE REGISTRATION ONLY
Vendor Display fee only includes ONE Attendee registration fee
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\begin{align*}
&\text{[ ] }  \$200 \text{ Vendor Display—Early Bird Registration if paid by October 6} \\
&\text{[ ] }  \$250 \text{ Vendor Display—Online Registration Fee after October 6} \\
\end{align*}
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SPONSORSHIP DONATIONS
\[
\begin{align*}
&\text{Platinum Sponsors \($1,500 +\) \$___________ [enter amount]} \\
&\text{Gold Sponsors \($750-$1,499\) \$___________ [enter amount]} \\
&\text{Silver Sponsors \($100 -$ 749\) \$___________ [enter amount]} \\
\end{align*}
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PAYMENT OPTIONS
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\begin{align*}
&\text{[ ] }  \text{Credit Card Payment for Online Registration Only (8/28-10/13)} \\
&\text{[ ] }  \text{Purchase Order} \\
&\text{[ ] }  \text{Cash/Check at Conference} \\
&\text{[ ] }  \text{Check - made payable to SDSU-SDLTAP} \\
\end{align*}
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MAIL REGISTRATION FORM & FEE [by check] to:
SDSU – South Dakota LTAP
SCEH 308, Box 2219, Brookings, SD 57007
Phone: 800-422-0129 Fax: 605-688-5878

Pre-Register/Pay by October 6 - No refunds after October 13