

DELEGATE REGISTRATION

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NOL	First Name La		ast Name				
DELEGATE PERSONAL INFORMATION	Title	ompany					
	Mailing Address						
SONAI	City St		ate/Province Zip/Postal Code		Country		
PER	Phone Email						
ATI	Special Needs/Special Badge/Dietary Request (Diabetic, Kosher, No Gluten, No Nuts, No Shellfish, Vegetarian Only)						
ILEG	O Please mark here if this is your first-time attending ABA's Marketplace.						
Ö	O I am agreeing to the terms and conditions available at www.buses.org.						
OPERATOR REGISTRATION OPTIONS	Registration Role		Prescheduled Appointments	Number Allowed per Company		Early-Bird Rate Thru Sep. 13	Regular Rate Starts Sep. 14
	O Buyer Appointment-Taker Delegate (Bus/Tour Oprs)		Yes	Unlimited Must meet Buyer qualifications on Terms & Conditions		\$0	\$0
	O Buyer Rotation Delegate (Bus/Tour Oprs)		No	One per Buyer Appt-Taker		\$0	\$0
	O Bus Operator Representative (Bus Oprs Only)		No	Unlimited		\$0	\$150
SELLER REGISTRATION OPTIONS	O Seller Appointment-Taker Delegate Mark Your Segment			One per Company		ABA Member Rate \$1745	ABA Member Rate \$1895
	O DMO O Hotelier O Attraction	O Charter Op. O Associate O Allied Association	Yes	(Additional Appt-Takers are earned based on MKPL 2024 Buyer		Non-member Rate	Non-member Rate
	O Receptive Op. O Seller Business Floor Delegate Mark Your		-	Requests)		\$2045 ABA Member Rate	\$2195 ABA Member
	Segment O DMO	O Charter Op.	- No	Unlimited		\$1745	Rate \$1895
	O Hotelier O Attraction O Receptive Op.	O Associate O Allied Association	-			Non-member Rate \$2045	Non-member Rate \$2195
SPECIAL REGISTRATION OPTIONS		1	1			\$2100	
	O ABA Board of Director Member				\$0		
	O Allied Association Representative				\$0 O \$945		
	O Associate Representative/Exhibitor O Government Representative				\$0		
	O Guest (No Member Company Employees)				\$500 (No single event/day	v)	
	O Media Representative (Approved by ABA)				\$0		
	O Speaker (Approved by ABA)				\$0		
	O Sponsor Booth Representative/Entertainer (Current Contracted Marketplace Sponsors at Contributor Level or Higher)				O \$0 Saturday Access Only O \$945 per Week O \$0 Meal Sponsor Day of Meal		
	O Travel Executive Day Pass (GM, Pres., COO Only)				\$0 First Day/\$300 per Add 'l Day		
	O VIP Representative (In				\$0 MKPL Week (Limit of 1)	
PAYMENT	Registration Fee Due (US Dollars)	z		Online: www.buses.org/marketplace			
	Type of Payment	O Credit Card O Invoice	O Check O No Paymen	Check No Payment Required		Email: meetingsdept@buses.org Fax: 202-842-0850	
Σ	Card Number				Mail: ABA's Marketplace		
Ā	Expiration Date		O Check O No Payment Required		111 K St. NE, 9 th Fl. Washington, DC 20002		
₫	CVC Number				5	Phone: 800-283-2877	0,
	Name on Card				0		