

SCHOOL TRANSPORTATION SUPERVISORS OF NEW JERSEY

P.O. BOX 66, RARITAN, NEW JERSEY 08869

(908) 252-1991 FAX (908) 575-7373

December 9, 2015

Members of the STS

I wanted to bring to your attention what your registration fees for the STS Annual Conference at the Golden Nugget Atlantic City will cover:

- -all education and seminars
- -meals to include: Thursday- Lunch & Vendor Light Fare Friday- Breakfast & Lunch
- -deluxe sleeping accommodations at the Golden Nugget

for two nights, Wednesday, March 9th and Thursday, March 10th.

When registering for the Conference, give us your arrival date and departure date. We will then forward your room request on to the hotel for processing.

Please note that the Wednesday night stay over at the hotel IS NOW included in your registration fee..

Thank you for supporting the School Transportation Supervisors of New Jersey by your attendance – we look forward to seeing you and learning from one another.

Sincerely Ray



48th Annual New Jersey Pupil Transportation Conference and Equipment Show Sponsored by School Transportation Supervisors of New Jersey, Inc.

Golden Nugget, Atlantic City March 10-11th, 2016

CONFERENCE REGISTRATION FORM

Name:	Title:		
Guest Name:			
Employer:			
Business Address:			
Business Telephone:Fax:	E-Mail		
Is this the first time you have attended an STS (Arrival Date Dep			() No
ALL FEES ARE NON-REFUNDABLE. Y	OU MAY SE	ND A SUBSTI	TUTE
	Member	Non Member	After 2/22/2016
Full Conference Daily rate (Please circle – 3/10 or 3/11) Mechanic's Program only (Thursday, 3/10) Guest of Member Full Conference Guest of Member Daily (Please circle – 3/10 or 3/11)	\$395.00 \$305.00 \$120.00 \$325.00 \$225.00	\$460.00 \$355.00 \$150.00 \$360.00 \$250.00	\$410.00 / \$475.00 \$320.00 / \$370.00 \$135.00 / \$165.00 \$340.00 / \$375.00 \$240.00 / \$265.00
Method of Payment: Check or Purchase Order made payable to STS of NJ, PO Bo Credit Card (circle one): Visa Mastercard		08869	Sessions, and Vendor S
ard Number	_ Expiration Date		-
ecurity Code	Billing Zip Code		
authorized Signature	Print Name		
Please copy and submit a Registrations received after February 22, 2016 CHECK AND PURCHASE ORDER REGISTRAT NJSTS, P.O. Box 66 FAXED CREDIT CARD REGIST Fax # 1-908	will be assessed a IONS MUST BE , Raritan, NJ 0886 RATIONS WILL	a late fee as indicate DONE THROUGH 59	
*******FOR OFFICE USE O	NLY*******	******	******

Date received ______ PO# ______ Check #___