

2024 Legislative Action Workshop & Hill Day March 5-7, 2024

Event Registration and Hotel Deposit Form

Please complete the form and return via fax (888) 392-9300 to the TRAA Office for processing. A confirmation email will be sent to the email address(es) listed below. The deadline for event registrations and hotel reservations* is January 31, 2024.

TRAA's Legislative Action Workshop Event Registration The event registration includes all 3-days of meetings facilitated by Tremont Strategies Group, events and group meals as indicated in the event schedule*. Registration fees are non-refundable. Visit https://traaonline.com/hillday for more details. Company Name: Standard Registration (January 1-January 31, 2024) TRAA Member Pricing (subject to verification) _____# of attendees x \$699.00 Non-Member Pricing # of attendees x \$899.00 Please list attendee(s) information below: Name: ______ Email: _____ Cell #: (___) ___-Name: _____ Email: _____ Cell #: (___) __-_* *Required to schedule meetings - Office Zip Code: _____ Home Zip Code: _____ (if different) *Preferred Constituent Meeting Format: _____ In-Person ____ Virtual/Zoom (best for those w/mobility concerns) *Distribution of attendee contact information to event participants: Please check to Opt Out Royal Sonesta Washington DC, Capitol Hill Hotel Reservation Room rate is \$355/night plus applicable taxes for a Monumental King or Queen/Queen rooms of 17% off rack rate and nightly amenity fee! Credit card information will be submitted to the Deol Hill Hotel for processing the required room deposit Hotal bank Royal Sonesta's own terms, policies dification to your hotel reserva or uns term and condition. Name on res # of Rooms: # Guests per room:_____ Check In: Event schedule: Tues at 10:00AM (3/5/24) to Thurs at 4PM (3/7/24) **Limited room block available to check in on Mon (3/4/24) with check-out up to Fri (3/8/24). **Credit Card Authorization** The credit card listed below may be billed for the authorized charges. Cardholder's Name (as it appears on the card): Credit Card Billing Address: City: _____ Zip: _____ Phone Number: ______ Fax: _____ Email Address: Credit Card Number: Expiration Date: _____ Security Code: ____

Please fax completed form to (888) 392-9300. By submitting this form, I confirm that I have read the details and authorize the Towing and Recovery Association of America, Inc. to charge my credit card as noted for event registration and room deposit.

- Event schedule subject to change
- Disclaimer: Any constituent meeting handouts or distributed materials must have pre-approval.
- TRAA Member Pricing subject to verification.

Authorizing Signature: _____

• Limited number of rooms available in each room block category.