

2021 NITL LEAGUE TRANSPORTATION SUMMIT

A Virtual Event!



March 16-19

Attendee Registration Form (please list all attendee information below)

First Name:	Last Name:	Title:	
Email (individual email required for each attendee):			
Please select the job classification that best applies: <input type="checkbox"/> CEO/President/Owner <input type="checkbox"/> Vice President <input type="checkbox"/> Senior Manager <input type="checkbox"/> Manager <input type="checkbox"/> Other: _____			
First Name:	Last Name:	Title:	
Email (individual email required for each attendee):			
Please select the job classification that best applies: <input type="checkbox"/> CEO/President/Owner <input type="checkbox"/> Vice President <input type="checkbox"/> Senior Manager <input type="checkbox"/> Manager <input type="checkbox"/> Other: _____			
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Please select the job classification that best applies: <input type="checkbox"/> CEO/President/Owner <input type="checkbox"/> Vice President <input type="checkbox"/> Senior Manager <input type="checkbox"/> Manager <input type="checkbox"/> Other: _____			
Company:			
Street Address:			
City:	State/Province:	Postal Code:	Country:
Email (required):			Phone (required):

How did you hear about the 2021 NITL League Transportation Summit (Required): Email Social Media
 Website Colleague Attended Previous Summit Other: _____

Is your company considered a (Required): Shipper Carrier Other: _____

NITL provides its top event sponsors with an attendee list (including name, title, and company only). Please check here if you do **NOT** want to be included on the attendee list.

SUMMIT REGISTRATION:

To save even more on your Summit registration, become a NITL member today! For more information on joining NITL, contact info@nitl.org or 571-349-8504.

	NITL Member Rate	Non-Member Rate
General Registration	<input type="checkbox"/> \$225	<input type="checkbox"/> \$400
All Access Registration	<input type="checkbox"/> \$300	<input type="checkbox"/> \$475

PAYMENT INFORMATION

Total # of Registrants: _____

Registration Total: \$ _____

Total due to NITL: \$ _____

Check Payable to NITL (# _____)

AmEx Disc MasterCard Visa

Credit Card #: _____ Expiration Date: ____/____

Name as it appears on card: _____ CVV: _____

Billing Address: _____

Signature: _____

Additional email for receipt: _____

Payments must be made in US Funds. Federal Tax ID # 53-0115560

Written refund requests received by March 12, 2021 will be honored and will incur a \$50 processing fee. No refunds will be issued for requests made after March 12, 2021. No-Shows are non-refundable. Refund payments may take up to six weeks from the date of your refund request. Substitutions: Written notification of a substitution must be received by 5:00pm ET on March 14, 2021 and will not incur any additional fee.