

APC/PennDOT District Liaison Meetings provide an open forum for the public and private sectors to address district and statewide issues relative to the Commonwealth's highway construction industry. The main objective of these meetings is to facilitate communication between APC members and the department's district and central offices in order to improve the quality of design and construction on the state's road and bridge network.

In order to improve the registration process, APC will be accepting separate registrations for each meeting.

**APC/PennDOT**  
**District 10-0 Liaison Meeting**  
**March 26, 2010**  
**8:30 to noon**  
**District 10-0 Office**  
**Conference Rooms C1 & C2**  
**2550 Oakland Ave.**  
**Indiana, PA 15701**  
**COST: \$10**

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Registration Return Instructions:

**BY FAX**

Fax completed registration form to APC at:  
(717) 238-5060.

**BY MAIL**

Mail completed registration form to:

**District Liaison Meetings**  
**APC**  
**800 N. Third St.**  
**Suite 500**  
**Harrisburg, PA 17102**

Agenda Suggestions

Send suggested agenda items to:  
Jason Wagner  
E-mail: [jwagner@paconstructors.org](mailto:jwagner@paconstructors.org)  
Fax: (717) 238-5060

*Visit the APC website at [www.paconstructors.org](http://www.paconstructors.org)  
for information about other 2010 APC/PennDOT  
District Liaison Meetings.*

Registration

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Additional Registrants

First Name: _____ M.I. _____ Last Name: _____ Title: _____ Email: _____
First Name: _____ M.I. _____ Last Name: _____ Title: _____ Email: _____
First Name: _____ M.I. _____ Last Name: _____ Title: _____ Email: _____
First Name: _____ M.I. _____ Last Name: _____ Title: _____ Email: _____

(If more registrants are needed include a separate sheet)

Payment (credit card or check)

**Please charge to my:**

Visa  MasterCard  Discover

Amount: \$ \_\_\_\_\_

Card No. \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Address of Cardholder: \_\_\_\_\_

3-Digit CVC/CVV code: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

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*If applicable, make checks*

\*There will be no refunds for cancellations made less than 24 hours prior to meeting.