

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 4-0 Liaison Meeting
March 12, 2010
8:30 to noon (lunch following)
Bentley's
2300 Route 309
Ashley, PA
COST: \$20

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
Fax: (717) 238-5060

*Visit the APC website at www.paconstructors.org
for information about other 2010 APC/PennDOT
District Liaison Meetings.*

4-0 2010 APC/PennDOT District 4-0 Liaison Meeting

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.