

U.S. Conference of Mayors
80th Winter Meeting
January 17-20, 2012
Capital Hilton Hotel
Washington, DC

WORKFORCE DEVELOPMENT COUNCIL FORM

Name _____ Title: _____

Preferred Name on Badge (First Only) _____

Organization _____

Street Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ Fax (_____) _____

E-mail _____

Please make sure that this is a valid email account. Your receipt for payment and hotel request will be sent here.

**If you would like a second confirmation sent to a different email address, please list second email address below:

Name of Accompanying Spouse/Partner: (First) _____ (Last) _____
 (There is no additional registration fee for spouses/partners.)

Attendee(s) has special needs: Yes No (If yes, USCM will contact.)

CONFERENCE REGISTRATION INFORMATION		
(No registrations will be processed without accompanying payment)		
<i>Registration Fees:</i>		
	<u>MEMBER</u>	<u>NON-MEMBER</u>
Early Registration Fee: (Payable by December 30, 2011)	\$600	\$1050
Advance/On-Site Registration Fee: (Effective December 30, 2011)	\$800	\$1300
Checks or purchase orders for payment of registration fees should be made payable to: The United States Conference of Mayors . Refunds will be made for cancellations received in writing by December 30 (less a \$100.00 service fee). <u>NO REFUNDS</u> will be made for cancellations received after December 30, 2011. *****		
CREDIT CARD AUTHORIZATION: Please note by submitting your card information, you are authorizing USCM Meetings Department to use the card below to pay your registration fee.		
Please circle Credit Card Type: Visa MC Amex _____		
Credit Card No. _____	Exp. Date _____	
Signature _____		

PLEASE RETURN THIS FORM WITH YOUR REGISTRATION PAYMENT TO:

The United States Conference of Mayors
 Attention: Carol Edwards
 1620 Eye Street, NW
 Washington, DC 20006
 Telephone (202)293-7330 Fax (202)467-4276

HOTEL RESERVATION REQUEST FORM

I DO NOT REQUIRE HOTEL ACCOMMODATIONS

Please reserve the following accommodations (circle room type):

<input type="radio"/>	THE CAPITAL HILTON	<u>Single/Double</u>	<u>Towers Level</u>	<u>Mini-Suite</u>
	16 th & K Streets, NW	\$243	\$278	\$359
	Washington, DC 20036			
	202/393-1000			
	Headquarters Hotel	<input type="checkbox"/> King Bed	<input type="checkbox"/> Double Beds	
				Tax: 14.5%

Name on Reservation: _____

Arrival Date: _____ Departure Date: _____

Guarantee room to the following Credit Card (Check One):

Visa _____ MC _____ Amex _____ Other (Specify) _____

Card No. _____ Exp. Date _____

Reservation Information:

1. Hotel accommodations ***cannot be assured at the above hotel after December 30, 2011.***
2. **Do not call the hotel directly, as the hotel will accept ONLY reservations forwarded by The U.S. Conference of Mayors' office in Washington, DC.**
3. An advance guarantee equal to one night's room deposit is required by the hotel to guarantee your reservation. This guarantee must be made by major credit card (including VISA, MC, AE, Other), or by **check made payable to the hotel.** ***Do not make checks payable to the U.S. Conference of Mayors.***
4. Changes in arrival and departure dates and cancellations of hotel reservations should be submitted in writing to USCM, **not the hotel.**
5. Reservations must be cancelled 72 hours prior to arrival to avoid a one-night room charge.
6. Check-in time is 3:00 p.m. and checkout time is 12:00 noon.