

**U.S. Conference of Mayors
78th Winter Meeting
January 19-22, 2010
Capital Hilton Hotel
Washington, DC**

WORKFORCE DEVELOPMENT COUNCIL

REGISTRATION FORM

(No registrations will be processed without accompanying payment)

Name _____ Title: _____

Organization _____

Street Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ Fax (_____) _____

Email _____

Preferred Name on Badge (First Only) _____

Name of Spouse (First) _____ (Last) _____
(There is no additional registration fee for spouses.)

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

CONFERENCE REGISTRATION INFORMATION

(No registrations will be processed without accompanying payment)

Registration Fees:

| | <u>MEMBER</u> | <u>NON-MEMBER</u> |
|---|---------------|-------------------|
| Early Registration Fee: (Payable by December 30, 2009) | \$600 | \$1050 |
| Advance/On-Site Registration Fee: (Effective December 30, 2009) | \$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). **NO REFUNDS will be made for cancellations received after December 30, 2009.**

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 _____

(USCM Only) Authorization Code _____ Date _____

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

PLEASE SEE REVERSE SIDE FOR HOTEL RESERVATION REQUEST FORM

HOTEL RESERVATION REQUEST FORM

I DO NOT REQUIRE HOTEL ACCOMMODATIONS

Please reserve the following accommodations (circle room type):

| | | | |
|----------------------------------|----------------------|---------------------|-------------------|
| THE CAPITAL HILTON | <u>Single/Double</u> | <u>Towers Level</u> | <u>Mini-Suite</u> |
| 16 th & K Streets, NW | \$221 | \$256 | \$339 |
| Washington, DC 20036 | | | |
| 202/393-1000 | | | |
| Headquarters Hotel | | | Tax: 14.5% |

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, 2009.***
2. **Do not call the hotels directly, as the hotels 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. Check-in time is 3:00 p.m. and checkout time is 12:00 noon