

The U.S. Conference of Mayors
77th Annual Meeting
Conference Registration and Hotel Reservations
June 12-16, 2009
Providence, Rhode Island

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 _____

Spouse/Partner _____

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>
Advance Registration Fee: (Payable by May 5)	\$700	\$1400
Late/On-Site Registration Fee: (Effective May 5)	\$900	\$1700

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 May 5 (less a \$100.00 service fee). **NO REFUNDS will be made for cancellations received after May 5, 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 Other (specify): _____

Credit Card No. _____ Exp. Date _____

Signature of Cardholder _____

(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 ATTACHED FOR HOTEL RESERVATION REQUEST FORM

HOTEL ACCOMMODATIONS RESERVATION REQUEST

I DO NOT REQUIRE HOTEL ACCOMMODATIONS

Please reserve the following hotel accommodations: *(Please check hotel and circle room type)*

HOTELS *(Assigned on availability)*

(Rates are based on single (1) person or double (2) persons occupancy)

**Additional person over 18 years of age in room rate is \$25 per day per person*

THE WESTIN PROVIDENCE
 One West Exchange Street
 Providence, RI 02903
 (401)598-8000
(Headquarters Hotel)

Single/Double
 \$189

King Bed
 Double Beds

Deluxe King
 \$219

Junior Suite
(King Only)
 \$264

Reservations must be cancelled 24 hours prior to arrival to avoid penalty.

Taxes: 13%

(Rates are based on single (1) person or double (2) persons occupancy)

**Additional person over 18 years of age in room rate is \$20 per day per person*

PROVIDENCE BILTMORE
 11 Dorrance Street
 Providence, RI 02903
 (401)421-0700
(Within Walking Distance)

Deluxe King
King Bed
 \$169

Junior Suite
(2 King Beds)
 \$189

Premium King Suite
(King Bed Only)
 \$199

Reservations must be cancelled 48 hours prior to arrival to avoid penalty.

Taxes: 13%

(A deposit equal to one night's stay shall be charged at the time the reservation is made)

Arrival Date: _____ Departure Date: _____

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

Visa _____ MC _____ AMEX _____ Other specify: _____

Card No. _____ Exp. Date _____

Signature of Cardholder: _____

Reservation Information

1. **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.**
2. Hotel accommodations *cannot be assured at the above hotels after May 5, 2009.*
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, or by **check made payable to the hotel. Do not make checks payable to the U.S. Conference of Mayors.** Please mail hotel deposit check with registration form.
4. ***Changes in arrival or departure dates and cancellation of hotel reservations must 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.