The United States Conference of Mayors
88th Winter Meeting
Registration Form

January 22-24, 2020
Washington, DC
### Conference Registration Fee and Payment Information

The US Conference of Mayors **must** receive the registration fees in full by the dates listed above in order to qualify for early/late/on-site registration rates. If you are an organization paying by purchase order, the check (not the purchase order) must be received by the dates above. If a form is submitted after early registration dates are passed, the late registration fee will automatically be charged. There will be **no exceptions made.**

<table>
<thead>
<tr>
<th>Membership Category</th>
<th>Early Registration</th>
<th>Late Registration</th>
<th>On-Site Registration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member Mayor / Service City Mayor <em>(No day pass offered)</em></td>
<td>$750</td>
<td>$950</td>
<td>$1150</td>
</tr>
<tr>
<td>Non-Member Mayor <em>(No day pass offered)</em></td>
<td>$2000</td>
<td>$2200</td>
<td>$2400</td>
</tr>
<tr>
<td>Federal Agencies <em>(No day pass offered)</em></td>
<td>$750</td>
<td>$950</td>
<td>$1150</td>
</tr>
<tr>
<td>Washington Representatives <em>(No day pass offered)</em></td>
<td>$750</td>
<td>$950</td>
<td>$1150</td>
</tr>
<tr>
<td>City Official Member (if Mayor is a Member) <em>(No day pass offered)</em></td>
<td>$750</td>
<td>$950</td>
<td>$1150</td>
</tr>
<tr>
<td>City Official Non-Member (Mayor is not a Member) <em>(No day pass offered)</em></td>
<td>$2000</td>
<td>$2200</td>
<td>$2400</td>
</tr>
<tr>
<td>Business Council/Platinum/Sponsor <em>(See below for day pass offerings)</em></td>
<td>$2000</td>
<td>$2200</td>
<td>$2400</td>
</tr>
<tr>
<td><strong>Day Pass for: Business Council/Platinum/Sponsor Only</strong> <em>(Includes day/night events for 1 day, must select day at time of registration)</em></td>
<td>$1500</td>
<td>$1700</td>
<td>$1900</td>
</tr>
<tr>
<td>Workforce Development Council (WDC) Member <em>(No day pass offered)</em></td>
<td>$750</td>
<td>$950</td>
<td>$1150</td>
</tr>
<tr>
<td>Workforce Development Council (WDC) Non-Member <em>(No day pass offered)</em></td>
<td>$2000</td>
<td>$2200</td>
<td>$2400</td>
</tr>
<tr>
<td>Spouse/Partner of Registrant <em>(Mayors are exempt from paying for a Spouse/Partner)</em></td>
<td>$100</td>
<td>$100</td>
<td>$100</td>
</tr>
</tbody>
</table>

**Day passes will only be available for Business Council/Platinum Members/Sponsors. No other categories have a day pass option.**

### Registration Fee Refund Policy

Refunds, less a $350.00 fee per person, for cancellations received in writing no later than Monday, December 2, 2019 (the last day for early registration). The cancellation request can be emailed to the US Conference of Mayors Meeting Department, Attention: Jonathan Godfrey at jgodfrey@usmayors.org. Cancellation requests will not be accepted over the phone. **No refunds in any amount will be made after Monday, December 2, 2019.** Unfortunately, registration fees are unable to be transferred to a future meeting.

### Name Badge Reprint Fee

In the event that your name badge is stolen/lost/damaged, or you do not bring your badge, there will be a reprint fee for a replacement badge. To have a replacement badge printed, please go to registration with your identification, and one will be reprinted. **Reprint badge fees are $50.00, and no exceptions will be made.** All major credit cards and checks made out to the US Conference of Mayors will be accepted. **Name badges will be required to access any meeting space.**
Instructions: Please fill out the forms by typing into the fields. Each of the required fields have been marked with a red asterisk (*). If any of the required fields have not been filled in, the registration will not be processed. After filling in the form in entirety, please print the document by clicking “Print” on the cover of this packet.

Name of Registrant*: __________________________________________ Title*: ______________________________________
Organization*: ______________________________________________
Street Address*: ____________________________________________ Address Line 2: ________________________________
City*: ___________________________ State/Province*: ___________________________ Zip*: ___________________________
Phone*: ___________________________ Mobile Phone: ___________________________

Email Address 1 (Where the Credit Card Receipt is Sent, in addition to Meeting Registration Confirmation.) Please note the credit card receipt can only be sent to one email:* ____________________________________________________________

Email Address 2 (Meeting Registration Confirmation ONLY):
Accompanying Spouse/Partner (First and Last Name) ______________________________________ (fee applies for Non-Mayor)

Membership Category* (Unfortunately, day passes are only available to Business Council/Platinum and Sponsors)

<table>
<thead>
<tr>
<th>Member Mayor / Service City Mayor</th>
<th>Non-Member Mayor</th>
<th>Mayor Security Detail (Member or Non-Member Mayor)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Agencies/ Washington Representatives</td>
<td>Workforce Development Council Member</td>
<td>Workforce Development Council Non-Member</td>
</tr>
<tr>
<td>City Official Member (Mayor is a Member)</td>
<td>City Official Non-Member (Mayor is not a Member)</td>
<td>Accompanying Spouse/Partner to a Non-Mayor $100.00 Additional Fee</td>
</tr>
</tbody>
</table>

Business Council / Platinum / Sponsor Day Pass- Circle Which Category You Belong To:

Completed forms may be submitted to Jonathan Godfrey at jgodfrey@usmayors.org, fax to 301-570-9514, or by mail to Globetrotter Travel, Attn: Jonathan Godfrey, 18121 Georgia Avenue, Suite 104, Olney, MD 20832

Hotel Reservation Request*
___ No Hotel Reservation Required

Hotel Reservation Required (Continue to Page 4)
### Hotel Reservation Information

1. Hotel accommodations cannot be assured at the group rates after Monday, December 23, 2019, or until the room rate has been sold out. A wait list will be created if the room block sells out. This does not guarantee a hotel room in your first preference will become available, but all possible efforts will be made.

2. Bedding types are not guaranteed, but every effort will be made to obtain your preferred type. Room types are available on a first-come, first-serve basis.

3. Do NOT call the hotel directly to make your reservations. The Capital Hilton and St. Regis will only accept reservations made by the USCM Meeting Department, Globetrotter Travel.

4. Changes in arrival and/or departure may be made by calling Globetrotter Travel at 301-570-0800 and press #2. You may also email Jonathan Godfrey at jgodfrey@usmayors.org.

5. An advance guarantee equal to one night’s room plus tax deposit is required by both hotels. Guarantee must be made by a major credit card. **Check payments need to be made out to the hotel directly, and arrangements can be made privately between the city/attendee and the hotel. Please explain to the hotel that a rooming list will be provided to them. We strongly suggest waiting until Friday, January 10, 2020 to make these arrangements. Globetrotter and the US Conference of Mayors will not be responsible for handling hotel payments. Check payments can be made directly with the hotel, and should not be sent to Globetrotter or USCM.**

6. All room cancellations must be made at least 72 business hours prior to the scheduled arrival to avoid the first night’s room plus tax deposit being charged in penalty by the hotel. Globetrotter Travel and The US Conference of Mayors do not do any charging of the credit card for hotel reservations. Please contact the hotels directly with billing inquiries.
The United States Conference of Mayors
1620 Eye Street, NW
4th Floor
Washington, DC 20006

INVOICE

Date: ______________________

Bill To:

<table>
<thead>
<tr>
<th>Item</th>
<th>Price</th>
<th>Previous Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>88th Winter Meeting</td>
<td>$_________</td>
<td>$0.00</td>
</tr>
<tr>
<td>Registration Dues for Attendee:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Amount Due: $____________________

Please submit a copy of this invoice with your payment to the attention of the Accounting Department.

Checks or purchase order payments for registration fees should be made to: The US Conference of Mayors.

Mail Form with Payment/Check To:

Globetrotter Travel
Attn: Jonathan Godfrey
18121 Georgia Avenue, Suite 104
Olney, MD 20832

Please submit a copy of this invoice with your payment to the attention of the Accounting Department.

US Conference of Mayors does not need a copy of this invoice, please submit it to the city for check processing.
INVOICE

Bill To:

_________________________

_________________________

_________________________

_________________________

Estimated Costs:

Capital Hilton

• Standard Room $319/night plus tax.
• Executive Level Rooms are $363/night plus tax.

St. Regis

• Standard Room $410/night plus tax.

*Taxes are currently 14.8% at both properties and are subject to change without notice. Incidental are not included in room rate.

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</thead>
<tbody>
<tr>
<td>88th Winter Meeting</td>
<td>$________________</td>
<td>$0.00</td>
</tr>
<tr>
<td>Hotel Costs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
for Attendee:

_________________________

Estimated Amount Due:  $________________

Please submit a copy of this invoice with your payment to the attention of the Accounting Department.

US Conference of Mayors does not need a copy of this invoice, please submit it to the city for check processing.

Please contact the hotel directly to inquire about payments for the hotel stay.

An advance guarantee equal to one night’s room plus tax deposit is required by both hotels. Guarantee must be made by a major credit card. Check payments need to be made out to the hotel directly, and arrangements can be made privately between the city/attendee and the hotel. Please explain to the hotel that a rooming list will be provided to them. We strongly suggest waiting until Friday, January 10, 2020 to make these arrangements. Globetrotter and the US Conference of Mayors will not be responsible for handling hotel payments. Check payments can be made directly with the hotel and should not be sent to Globetrotter or US Conference of Mayors.
Credit Card Payment Authorization Form

Please complete the entire form below. Partially completed forms may be rejected

ATTN: FINANCE DEPARTMENT

Date:

Guest Name

Check-In:

Name of Person/Group Making Reservation: Globetrotter Travel/The US Conference of Mayors Winter Meeting (Rooming List to be Sent)

Authorized Amount: Approval Code: Date:

CARDHOLDER - Please complete the following section and sign/date below.

Cardholder Name as it Appears on Credit Card:

Cardholder Billing Address:

City: State: Zip:

Daytime /Business Telephone: Evening Telephone:

Credit Card Number: Expiration Date:

Credit Card Type: (Please select one) CVV Code:

( ) American Express ( ) Visa/MasterCard ( ) JCB ( ) Diners Club ( ) Discover

I agree to cover the following categories of charges: ( ) Room & Tax only ( ) All charges

I agree to cover the above categories of charges up to a Maximum Amount of $____________________

DIRECT BILL ACCOUNT PAYMENTS ONLY:

Name on Invoice/Statement ___________________________ Date on Invoice/Statement ____________

Invoice/Statement Number ___________________________ Authorized Amount $____________________

Note: Charges for room and tax, group deposits or direct bill account payments will be charged to your credit card immediately. Any incidental charges circled above will be charged at the time of check-out.

Amount to be immediately charged to credit card for room and taxes or deposit: $________

Final Balance Billed to Credit Card (hotel use only): $________

By signing below, you authorize the hotel to charge your credit card immediately for the amount indicated above up to the "Maximum Amount" indicated above. You further acknowledge that if "all charges" has been selected, then all guest/group related charges (less Deposit) will be charged to the above card number at the time of check-out or event conclusion.

Print Cardholder Name: ________________________________________

Cardholder Signature: ____________________________ Date: ____________