



2014

Annual Legislative/Policy Conference

March 22-25, 2014 • Renaissance Mayflower Hotel • Washington, D.C.

REGISTRATION INFORMATION

LEGISLATIVE/POLICY CONFERENCE

March 22-25, 2014 • Renaissance Mayflower Hotel, Washington, DC

Saturday, March 22, 2014

Registration
Continental Breakfast
Fall Conference Planning Meeting
Blue Ribbon Corporate Advisory Group Meeting
Lunch & Meeting of Legislative & Federal Programs
Liaisons
Executive Committee Meeting
Task Force Meetings
New Member & New Attendees Orientation
Welcome Reception

Sunday, March 23, 2014

Registration
Buffet Breakfast
Board of Directors Meeting
Great City Colleges of Education Meeting
Luncheon with Speaker **U.S. Secretary of Education
Arne Duncan**
Legislative Briefings

Monday, March 24, 2014

Breakfast with Speaker
Legislative Briefings
Luncheon with Speaker
Capitol Hill Visits (You must arrange your own appointments)
Capitol Hill Reception

Tuesday, March 25, 2014

Breakfast and Briefing
Adjourn

TOPICS TO DISCUSS

- ONGOING BUDGET BATTLES IN CONGRESS
- FY 2014 APPROPRIATIONS AND SEQUESTRATION
- STATUS OF ESEA AND OTHER EDUCATION REAUTHORIZATIONS
- WAIVER RENEWALS FOR NCLB
- EARLY CHILDHOOD EDUCATION LEGISLATION

HOTEL INFORMATION

Hotel reservations can only be made using the housing reservation form in this brochure and faxed directly to the:

Renaissance Mayflower Hotel

1127 Connecticut Avenue N.W.
Washington, D.C. 20036

fax: 202-776-9184 phone: 202-347-3000

<http://www.marriott.com/hotels/travel/wash-renaissance-mayflower-hotel/>



The cutoff date for the group rate is February 21st. Room rates are **\$224.00 per night, single and double occupancy, plus 14.5% tax.** Two nights room and tax are required at the time reservation is made. Hotel check-in time is 3:00 p.m. and check-out time is 12:00 p.m. For cancellation after February 12th, 2 nights room and tax is non refundable.

Name Badges should be worn during the conference

2014 LEGISLATIVE REGISTRATION

Mr. Ms. Mrs. Dr.
(PLEASE PRINT)

To register online, go to www.cgcs.org

New Address: Yes No

First		Last	
Title			
School District /Organization			
Address			
City	State	Zip	
Phone	Fax	E-mail	

REGISTRATION FEES

Complete this registration form for each person and mail with payment. Checks should be made payable to the **Council of the Great City Schools**. Please have invoice number, registrant name and conference name listed on check. Full registration payment is due by **February 28, 2014**. A \$100 late fee is applied for registrations received after February 28, 2014. On-site registration only after March 18th.

***REFUND AND CANCELLATION POLICY:** *Refund requests, cancellations or substitutions must be made in writing and faxed to 202-393-2400. You will receive a full refund if cancellation is received on or before **February 14, 2014** and a 50% refund if received from February 15, 2014 -- February 28, 2014. Cancellations made after February 28, 2014 or no-shows on March 22, 2014 will not receive a refund and will be billed the full amount. Purchase order numbers will not be accepted for those registering on-site. An **additional \$200 fee** will be charged for those registering on-site.*

Fee is waived for Superintendents and official Council School Board Representatives only.
(No Proxies). Fee is also waived for sponsors who have been identified through sponsorship information submitted prior to the conference.

- WAIVED Superintendent/Board Representative/ Sponsor Contact
- \$100 additional late fee (registering between February 28 and March 18) **After March 18 must register on-site**
- \$150 for Spouse Name: _____
(Spouse will receive Name badge for meal events only)
- \$175 for Council School District member
- \$175 for Council College of Education member
- \$375 for Non-member school districts and Education Associations
- \$675 Additional person from sponsor company (per person)
- \$1,000 for Companies Not Sponsoring (per person)
- Bill my organization (*please print complete address with telephone number*) if different from above address.
All Payments are due before February 28

Check#: _____

Purchase order#: _____

VISA MASTERCARD DISCOVER

AMEX

Card#: _____

Expiration date: _____

Printed Name: _____

Signature: _____

3-Digit Security # on the back of the card: _____

Please check if you prefer vegetarian meals
Information needed for a correct count of meals & materials.

Food Allergies _____

Arrival date & time: ___/___/___ :___

Departure date time: ___/___/___ :___

Attn: _____



HOTEL RESERVATION FORM



2014 CGCS Legislative and
Policy Conference
March 22-25, 2014
Washington, DC

The Mayflower Hotel
(a Renaissance Hotel)
1127 Connecticut Ave, NW
Washington, DC 20036

CGCS Housing Reservation Form

Fax: (202) 776-9184

www.renaissancemayflower.com

***Don't forget to register for the conference!**

The Hotel is NOT accepting reservations via telephone, housing requests must be made using this form

*** Only 1 room reservation per form will be accepted ***

Arrival: _____ Departure: _____

Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Name of person making this reservation: _____

Phone Number: _____ Fax Number: _____

Email Address of the person to receive confirmation of reservation: _____

Rates: \$224 Single/Double
\$20 extra person

Concierge: \$249 Single/Double

*** Group Rate cut-off date is Friday, February 21, 2014**

Cancellation and Refund Policy:

Cancellations must be received by 5:00pm EST on Friday, February 21, 2014. Please obtain and retain your cancellation number to ensure a full refund. Any cancellation received after 2/21/14 is subject to a two night room and tax non-refundable cancellation fee retained by the hotel.

Bed Type Request: _____ 1 King Bed _____ 2 Double Beds

Additional Requests: _____

of persons in room: _____

*** Note prevailing tax is 14.5% per room per night**

Payment Information is required to confirm a guestroom for the CGCS Legislative/Policy Conference

Check Enclosed: _____

Checks may be sent for the cost of two (2) nights room and tax deposit and made payable to the Mayflower Hotel. (# nights x rate x prevailing tax)

***Credit card will be charged for payment of two (2) nights room and tax at the time the reservation is made.**

Credit Card: _____ Visa _____ MasterCard _____ American Express
_____ Discover _____ Diners Club

Number: _____ Expiration: _____

Cardholder Signature: _____

Reservation requests are available on a first come first serve basis up to the Group's contracted commitment

Your signature above is required to confirm a room and authorization for the 2-nights room and tax deposit.

Your signature above is also an acceptance of the cancellation policy

PAYMENT OPTIONS

Please fax completed Registration form(s) before mailing the check payment.

1. **Mail Registration Form(s)** with Payment to:

(Indicate: Legislative Conference, Invoice Number and Registrant Name)

Council of the Great City Schools
1301 Pennsylvania Avenue, N.W.,
Suite 702
Washington, D.C. 20004

2. **Fax Registration Form(s)** with payment information by Visa, MasterCard, American Express or Discover or

Purchase Order Payments to: (202) 393-2400

3. **Online Registration at:**

For Questions Contact

Anna Barrera, Terry Tabor, or Alisa Adams at (202) 393-2427 or
email: abarrera@cgcs.org, ttabor@cgcs.org, or aadams@cgcs.org



COUNCIL OF THE GREAT CITY SCHOOLS
1301 PENNSYLVANIA AVENUE, N.W.
SUITE 702
WASHINGTON, D.C. 20004



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