



Annual Legislative/ Policy Conference

Registration Information

March 9 - 12, 2013
Renaissance Mayflower Hotel
Washington, DC



LEGISLATIVE/POLICY CONFERENCE

March 9-12 , 2013 • Renaissance Mayflower Hotel, Washington, DC

Saturday, March 9, 2013

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

Sunday, March 10, 2013

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 11, 2013

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

Tuesday, March 12, 2013

Breakfast
Adjourn

TOPICS TO DISCUSS

- **FEDERAL BUDGET/SEQUESTRATION UPDATE**
- **REAUTHORIZATION OF THE ELEMENTARY AND SECONDARY EDUCATION ACT (ESEA)**
- **SECOND TERM PRIORITIES OF THE OBAMA ADMINISTRATION**
- **EDUCATION ISSUES AT THE STATE LEVEL
(BREAKOUT MEETING FOR COUNCIL MEMBERS ONLY)**

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 NW
Washington, D.C. 20036

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

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



The cutoff date for the group rate is February 23rd. 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 14th, 2 nights room and tax is non refundable.

Name Badges should be worn during the conference

2013 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 **March 1, 2013**. A \$100 late fee is applied for registrations received after February 21, 2013. On-site registration only after March 15th.

***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 10, 2013** and a 50% refund if received from February 11, 2013 -- February 24, 2013. Cancellations made after February 24, 2013 or no-shows on March 9, 2013 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 22 and March 6) **After March 6 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 March 1st

☐ 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



2013 CGCS Legislative and
Policy Conference
March 9-12, 2013
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 Thursday, February 14, 2013**

Cancellation and Refund Policy:

Cancellations must be received by 5:00pm EST on
Tuesday, February 5, 2013. Please obtain and
retain your cancellation number to ensure a full
refund. Any cancellation received after 2/5/13 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

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

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

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: <http://www.cgcs.org/domain/22>

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



Annual Legislative/Policy Conference
March 9- 12, 2013