

2013 Speaker's Cabinet
Inauguration Weekend

Friday, January 18, 2013 - Tuesday, January 22, 2013

HOTEL REGISTRATION FORM

Must be completed and received by January 3, 2013

Name George Krupp Guest Name George & Liz Krupp
Occupation CEO & Chairman Employer The Berkshire Group
Business Address One Beacon Street, Suite 1500
City Boston State MA Zip 02108
Phone 617-574-8350 Fax _____ E-Mail george.krupp@berkshire-group.com
Names and Ages of Children attending _____
Cell Phone 617-538-8351
Emergency Contact Liz Krupp 617-680-1466
Arrival/Departure Flight info (time, date, etc.) TBD

ACCOMMODATIONS

The Liaison Capitol Hill Hotel

415 New Jersey Avenue

Washington, DC 20001

\$829/per night, plus applicable tax and fees

The DCCC has a limited block of rooms on a first-come, first-served basis and must be reserved through the DCCC no later than January 3, 2013. The DCCC room block begins on Friday, January 18, 2013 with check out on Tuesday, January 22, 2013 - no exceptions will be made. Those who wish to extend their stay will do so based on room availability at the discretion of the hotel.

****Please fill out the attached Liaison Hotel Reservation Document to confirm your room reservation and fax to Brittany Sherrill at (202) 478-9499 by January 3, 2013****

All authorization forms must be accompanied by a copy of the front of the credit card and photo ID

I am reserving my hotel room through the DCCC and I understand the DCCC will forward the Liaison Reservation Document to the hotel and is not responsible for charges to my account including cancellation charges. A 100% deposit is required at the time of booking to guarantee all reservations.

I am making my own hotel arrangements and will not be staying in the DCCC block

Arrival Date 1, 18, 13 Departure/Check Out 1, 22, 2013
Credit Card Type AMEX Credit Card Number 3713-875133-57006
Expiration Date 5/16 Name as it appears on the card George D. Krupp

Please return the completed form along with a copy of the front and back of your credit card and photo ID by January 3, 2013 to Brittany Sherrill at fax: (202) 478-9499

Address: DCCC, 430 South Capitol Street SE, Washington, DC 20003

To confirm that we received your form, please call (202) 741-1851

Paid for by the Democratic Congressional Campaign Committee.
430 South Capitol Street, SE • Washington, DC 20003 • (202) 863-1500 • www.dccc.org
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Name Michael Krupp Guest Name Michael & Liana Krupp
Occupation Restaurant owner Employer Area Four
Business Address 500 Technology Square
City Cambridge State MA Zip 02139
Phone 617-758-4446 Fax _____ E-Mail mhk9993@gmail.com
Names and Ages of Children attending _____
Cell Phone 917-846-9977
Emergency Contact Liana Krupp: 646-247-4574
Arrival/Departure Flight info (time, date, etc.) _____

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Credit Card Type AMEX Credit Card Number 3713-875133-87006
Expiration Date 5/16 Name as it appears on the card George D. Krupp

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Name David Krupp Guest Name David Krupp & Ryan Winter
Occupation N/A Employer N/A
Business Address N/A
City N/A State _____ Zip _____
Phone N/A Fax _____ E-Mail Krupp.david@gmail.com
Names and Ages of Children attending _____
Cell Phone 617-694-1110
Emergency Contact George Krupp - 617-538-8351
Arrival/Departure Flight info (time, date, etc.) TB D

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HOTEL REGISTRATION FORM

Must be completed and received by January 3, 2013

Name Bernice Kupp Guest Name _____
Occupation Retired Employer N/A
Business Address N/A
City N/A State _____ Zip _____
Phone _____ Fax _____ E-Mail _____
Names and Ages of Children attending _____
Cell Phone 781-234-2643 (Home)
Emergency Contact George Kupp - 617-538-8351
Arrival/Departure Flight info (time, date, etc.) TBD

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Credit Card Type AMEX Credit Card Number 3713-875133-57006
Expiration Date 5/16 Name as it appears on the card George D. Kupp

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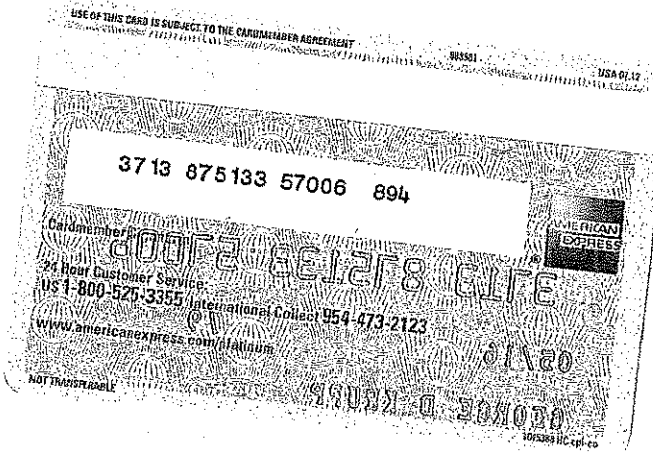
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3713-875133-57006

5/16

as of 11/1/12



new card
11/1/12