

SAVE THE DATE

Please Join

Democratic Leader Nancy Pelosi

&

DCCC Chairman Steve Israel

For the

2014 DCCC New York Issues Conference

Friday, March 21, 2014 – Sunday, March 23, 2014

Please call to check your eligibility

~ Space is limited ~ Please RSVP by February 21, 2014

Additional weekend information and schedule to follow

RSVP to Michael Lewis at 202-485-3508 or mlewis@dccc.org



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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Contributions from foreign nationals and corporations are not permitted.

2014 New York Issues Conference

Friday, March 21, 2014 – Sunday, March 23, 2014

HOTEL REGISTRATION FORM

Must be completed and received by February 21, 2014

Name _____ Guest Name _____

Occupation _____ Employer _____

Business Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-Mail _____ Cell Phone _____

Emergency Contact _____

Arrival/Departure Flight info (time, date, etc.) _____

ACCOMMODATIONS

The St. Regis
2 East 55th Street at 5th Avenue
New York, New York 10022

\$475 Superior Room per night, plus applicable tax and fees

\$525 Deluxe Room 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 February 21, 2014. The DCCC room block begins on Friday, March 21, 2014 with check out on Sunday, March 23, 2014– 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 Reservation Document to confirm your room reservation please fax to Michael Lewis at (202) 478-9499 by February 21, 2014**

___ I am reserving my hotel room through the DCCC and I understand the DCCC will forward the **Reservation Document** to the hotel. The DCCC is not responsible for the cost of the room, additional charges or cancellation fees associated with the reservation.

___ *I am making my own hotel arrangements and will not be staying at The St. Regis*

Please return the completed Hotel Forms
and a completed Hotel Credit Card Reservation Document
by February 21, 2014 to Michael Lewis via fax: (202) 478-9499.
To confirm that we received your form, please call (202) 485-3508.

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The St. Regis Credit Card Authorization
ROOM CHARGES

I hereby authorize The St. Regis New York to bill the following incurred charges to my credit card for the following:

Name of Guest (s): _____

Dates of stay: _____

- I will be to be responsible for ALL CHARGES. The DCCC is not responsible for any charges.

The following is full approval for this charge as noted by the cardholder's signature.

Credit Card Type: _____ Exp Date _____

Credit Card Number: _____

Security Code (CSC/CNP) _____

Cardholder Name (Print): _____

Cardholder Billing Address: _____

Cardholder Daytime Phone Number: _____

Cardholder Signature: _____ Date: _____

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