



Fill this form out online at:
bit.ly/2024DNCMDP
(case sensitive)

SPONSOR REGISTRATION FORM

Please submit this form online at: bit.ly/2024DNCMDP (case sensitive). You may also submit this form via email to DNC2024@riceconsultingllc.com, 410-838-8633 (fax), or at 17 W Courtland Street, Suite 210, Bel Air, Maryland 21014. Please address as Attn: Convention Sponsor. **The deadline to submit this form is Thursday, August 1, 2024.**

Thank you for participating as a sponsor of the Maryland Delegation at the 2024 Democratic National Convention in Chicago. In order to participate in Maryland Democratic Party events at the convention, you must complete this form and return it by Thursday, August 1, 2024.

Checks should be made to payable to "MDP Admin" and sent no later than **August 1, 2024** to Rice Consulting at 17 W Courtland Street, Suite 210, Bel Air, Maryland 21014, Attn: Convention Registration.

I AM A:

- Sponsor
 Sponsor Member (Guest of Sponsor)

SPONSOR ORGANIZATION: _____

FULL NAME: _____
(as you wish it to appear on your Official Maryland Credential)

CONTACT NAME: (LAST) _____ (FIRST) _____ (M.I.) _____

ADDRESS: _____

(CITY) _____ (STATE) _____ (ZIP) _____

PHONE: (CELL) _____ (WORK) _____

EMAIL: _____

SPECIAL DIETARY REQUEST: _____

ACCESSIBILITY REQUIREMENTS: _____

- I will be staying with the Maryland Delegation at The Sheraton Grand Chicago Riverwalk
 I will not be staying at the Maryland Delegation Hotel

If you selected "I will not be staying at the Maryland Delegation hotel," please list where you will be staying: _____

Contributions to the Maryland Democratic Party are not tax deductible for income tax purposes.

Checks Payable to the Maryland Democratic Party Administrative Account: Business/Organizations (All Maryland campaign entities, candidates and State PAC's, are prohibited from making contributions to the Administrative Account.) "Contributions to the administrative account may be used only for non-electoral purposes. By making this contribution, I direct that it be used only for those purposes." Contributions to the Administrative account are not subject to state or federal contribution limits.

Please make checks payable to **Maryland Democratic Party** - 275 West St, Suite 70, Annapolis, MD 21401 or contribute online at bit.ly/DNC24Payment (case sensitive).

Paid for by the Maryland Democratic Party, www.mddems.org and not authorized by any candidate or candidates committee. By Authority of Devang Shah, Treasurer.



Fill this form out online at:
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HOTEL REGISTRATION FORM

In order to secure your hotel room, you must submit this form no later than **Monday, July 15, 2024 at 12PM** at: bit.ly/2024DNCMDP (case sensitive). You may also submit this form via email to DNC2024@riceconsultingllc.com, 410-838-8633 (fax), or at 17 W Courtland Street, Suite 210, Bel Air, Maryland 21014.
Please address as Attn: Convention Hotel Reservation.

NAME: _____

(as you wish it to appear on the Reservation)

CONTACT NAME: (LAST) _____ (FIRST) _____ (M.I.) _____

ORGANIZATION/COMPANY: _____

ADDRESS: _____

(CITY) _____ (STATE) _____ (ZIP) _____

PHONE: (CELL) _____ (WORK) _____

EMAIL: _____

ARRIVAL DATE: _____ **DEPARTURE DATE:** _____

TYPE OF ROOM: (CHECK ONE)

ONE KING BED

ADA ACCESSIBLE ONE KING BED

STANDARD DOUBLE - TWO BEDS

ADA ACCESSIBLE DOUBLE - TWO BEDS

SPECIAL REQUESTS: _____

NUMBER OF PEOPLE IN ROOM: _____

LIST ALL ROOM OCCUPANTS: (INDICATE IF GUEST IS A CHILD UNDER AGE 18)

1. (LAST) _____ (FIRST) _____ (M.I.) _____

2. (LAST) _____ (FIRST) _____ (M.I.) _____

3. (LAST) _____ (FIRST) _____ (M.I.) _____

4. (LAST) _____ (FIRST) _____ (M.I.) _____

WOULD YOU BE WILLING TO SHARE A ROOM? Y N

PREFERRED ROOMMATE: _____

CREDIT CARD TYPE (EX: VISA, DISCOVER): _____

CREDIT CARD NUMBER: _____

NAME ON CARD: _____

CARD EXPIRATION: ____ / ____ **CVV:** _____

ADDRESS ASSOCIATED WITH CARD: _____

ROOM RATES/TAXES There is a **FOUR NIGHT** minimum stay requirement. To take advantage of the DNC convention rates, you must submit this form by July 15, 2024. After this date, the official DNC rooms will be released and hotels will charge significantly higher rates. All rates are per room per night and include a 17.4% room tax.

GUARANTEE The Hotel requires a four night room & tax deposit with each reservation. Housing forms received without credit card information will be returned. Your credit card will be charged at the discretion of the Hotel holding your reservation after August 7, 2024. Credit cards must be valid through August 2024.

CONFIRMATIONS A confirmation of your reservation will be sent to the email address noted on this form after July 15, 2024. Review it carefully for accuracy. Modifications may be made by contacting The Convention Planning Team at 410-838-6355.

CANCELLATION POLICY CANCELLATIONS RECEIVED WITHIN 72 HOURS OF THE CONFIRMED ARRIVAL DATE WILL RESULT IN A ONE NIGHT ROOM AND TAX PENALTY. You must cancel at least 72 hours prior to avoid this charge. Cancellations may be made by contacting The Convention Planning Team at 410-838-6355.

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