

CONSTITUTION PARTY SPRING 2017 NATIONAL COMMITTEE MEETING

5 – 6 May 2017 in St. Louis, Missouri



Holiday Inn, St. Louis Airport
 4505 Woodson Road
 St. Louis, Missouri 63134
 Phone: 1-314-427-4700
 Fax: 1-314-656-1634
www.holidayinnstlouisairport.com



KEYNOTE SPEAKER:
 2016 Vice-Presidential Candidate
 Dr. Scott N. Bradley
“The Perils of a Con-Con”

REGISTRATION FOR NATIONAL COMMITTEE MEMBERS, EXECUTIVE COMMITTEE MEMBERS, AND GUESTS

If you are a national or executive committee member and cannot attend, please fill out the proxy on the second page and return to the national office via email, fax, or regular mail as soon as possible (see contact information below).

Friday the 5th: Executive Committee Meeting and Training for Non-Executive Committee attendees
 Saturday the 6th: National Committee Meeting
 Room Rates: \$99.00, including tax. (2 double beds or 1 King-size). Mention “Constitution Party” when you call.
 Hotel Reservation Phone: 1-314-427-4700. **Reservation deadline: Saturday, 29 April 2017**
 Free parking, and free shuttle to and from the airport available.

NAME	<input type="checkbox"/> National Committee Member	<input type="checkbox"/> Executive Committee Member	<input type="checkbox"/> Guest
SPOUSE NAME	<input type="checkbox"/> National Committee Member	<input type="checkbox"/> Executive Committee Member	<input type="checkbox"/> Guest
NAMES AND AGES OF CHILDREN WHO MAY BE ATTENDING (children under age 18 years attend free, but meals are <u>not</u> provided):			
MAILING ADDRESS:	REGISTRATION INFORMATION AND PAYMENT		
	<i>Registrations received after Friday April 29th will be increased by \$20.00, to meet hotel meal count requirements.</i>		
CITY	Category	Fee	(X) # of people
STATE ZIPCODE	National Committee Member	75.00	
	2017 National Committee Dues <i>(check here if already paid <input type="checkbox"/>)</i>	100.00	
	Executive Committee Member	95.00	
	Committee Meeting Guest	75.00	
EMAIL ADDRESS:	Keynote Speaker Only Guest <i>(6:30 pm on Friday)</i>	20.00	
	GRAND TOTAL		
CONTACT NUMBER:	Meal Preference: <input type="checkbox"/> Vegetarian <input type="checkbox"/> Meat Okay		
	To Pay Online: www.constitutionparty.com/donate/ Select “General” to pay registration, and “National Committee Dues” to pay dues		
The Federal Election Commission requires us to report the following information:	To Pay by Phone: call national office at 1-800-283-8647 Monday - Friday, 9:00 am – 1:00 pm, Eastern Time Zone		
OCCUPATION:	To submit registration form by fax: 1-717-299-5115		
	To Pay by Check: mail registration form and check to national office - P.O. Box 1782; Lancaster, Pennsylvania 17608-1782		
EMPLOYER:	To Pay by Credit Card: call national office or fill out the following information <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Master Card <input type="checkbox"/> VISA		
	CREDIT CARD NUMBER	CCV	EXPIRATION DATE
Because the Constitution Party works on behalf of candidates seeking elected office, contributions are not tax deductible.	SIGNATURE		

Maximum contributions of \$32,400 per person per year are allowed. Corporate contributions are prohibited.

CONSTITUTION PARTY SPRING 2017 NATIONAL COMMITTEE MEETING
5 – 6 May 2017 in St. Louis, Missouri
Proxy in lieu of Attendance

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIPCODE: _____

PHONE: _____

EMAIL: _____

Yes, I am an Executive Committee member but will not attend the Executive Meeting.

Yes, I am a National Committee member but will not attend the National Committee Meeting.

Please sign and return this form:

Via Email to: National Chairman Frank Fluckiger (ffluckiger@hotmail.com), or

Via Fax to: 1.717.299.5115, or

Via Regular Mail to:

National Chairman Frank Fluckiger

PO Box 1782

Lancaster, Pennsylvania 17608

PROXY

I, _____ will not be in attendance at the Spring 2017 National Executive and Committee meetings in St. Louis, Missouri. I do hereby give my proxy to national chairman Frank Fluckiger (or in his absence to vice-chairman Doug Aden) for the purpose of establishing a quorum.

SIGNATURE: _____ DATE: _____