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THE WHITE HOUSE
WASHINGTON

August 12, 1997

Mr. Mark S. MacKenzie
President
New Hampshire AFL-CIO
110 Sheep Davis Road
Pembroke, New Hampshire 03275

Dear Mr. MacKenzie:

Thank you for inviting President Clinton to attend the New Hampshire AFL-CIO 1997 Constitutional Convention. The President has asked me to convey his appreciation for your offer.

At this time, I am unable to make a commitment to your request. Please be assured that I will keep your invitation on file and will contact you if the President's schedule allows him to accept.

On behalf of the President, thank you again.

Sincerely,



Stephanie S. Streett
Assistant to the President
Director of Presidential Scheduling

SSS/wxs



NEW HAMPSHIRE AFL-CIO

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Mark S. MacKenzie
- EXECUTIVE VICE PRESIDENT
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- SECRETARY-TREASURER
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Scott Wilkinson
- PRESIDENT EMERITUS
Harland W. Eaton
- SECRETARY-TREASURER
EMERITUS
Saverio M. Giambalvo
James D. Casey

June 26, 1997

President William J. Clinton
Executive Office of the President
1600 Pennsylvania Avenue, N.W.
Washington, DC 20500

Handwritten notes:
 III 10 1997
 MS
 X COPY FOR PATE S.

Dear President Clinton,

On behalf of the New Hampshire AFL-CIO, I would like to extend an invitation for you to speak at our 1997 Constitutional Convention to be held at the Four Points Hotel (formerly Sheraton Inn), Route 16, Settlers Green in North Conway, New Hampshire on November 7-9th, 1997. At that time, some 200 affiliated unions will gather from throughout the Northeast Region to talk about issues of major concern to the workers of New Hampshire. In addition, there will be elections of District Vice Presidents for the New Hampshire AFL-CIO Executive Board, as well.

I am enclosing a hotel reservation form for your convenience. You should mail or fax the form directly to the Four Points Hotel. **Please note: reservation deadline is October 18th to receive the group rate -- when calling the hotel please specify that you will be attending the New Hampshire AFL-CIO Convention.**

I hope that you will be able to attend and as always, please feel free to call the office and speak with my assistant Ms. Gloria Lamoureux at (603) 224-4789, Ext. 10, if you need any additional details about the Convention. Looking forward to seeing you, I remain

Sincerely,

Mark S. MacKenzie
President

MSM/gl

Enclosure

110 SHEEP DAVIS ROAD
PEMBROKE, NH 03275
PHONE: 603-224-4789
FAX: 603-225-1956
E-MAIL: 71363.13@compuserve.com

FOUR POINTS HOTEL BY SHERATON, NORTH CONWAY

WELCOMES

New Hampshire AFL-CIO

November 7-9, 1997

Reservation Deadline: October 18, 1997 to receive group rate

**Mail to: Four Points Hotel, Reservations Department
P.O. Box 3189 North Conway, NH 03860-3189
Phone: (603)356-9300 or (800)648-4397, Fax: (603)356-9300**

RATES: THURSDAY, FRIDAY, SATURDAY & SUNDAY LODGING ONLY:

Single or Double Occupancy : \$81.00 per room, per night, inclusive

Package A: FRIDAY & SATURDAY NIGHT

Single Occupancy: \$253.00, Inclusive Number of Rooms: _____

Double Occupancy: \$172.00, Inclusive Number of Rooms: _____

Includes: Friday and Saturday night lodging, breakfast Saturday and Sunday, Saturday Luncheon, Friday Dinner and President's Banquet Saturday, 8% New Hampshire State Tax and 18% Gratuity (Note: Children under 17 stay free)

Package B: SATURDAY NIGHT ONLY

Single Occupancy: \$135.00, Inclusive Number of Rooms: _____

Double Occupancy: \$94.50, Inclusive Number of Rooms: _____

Includes: Saturday night lodging, breakfast Sunday, Saturday Luncheon, President's Banquet Saturday, 8% New Hampshire State Tax and 18% Gratuity (Note: Children under 17 stay free)

DAYTRIPPER PACKAGES: (ADVANCED MEAL RESERVATIONS REQUIRED)

Friday: \$25.50 Dinner Number _____

Saturday: \$ 9.00 Breakfast _____ \$13.00 Lunch _____ \$25.00 Dinner _____

Sunday: \$9.00 Breakfast Number _____

Children Prices (under 17):

Friday: Dinner \$13.00 Number _____

Saturday: Breakfast \$6.50 Number _____

Lunch \$8.50 Number _____

Dinner \$14.00 Number _____

Sunday: Breakfast \$6.50 Number _____

The above rates are per person, inclusive of 8% tax and 18% gratuity

Arrival Date: _____ Departure Date: _____

Name: _____

Name of person sharing room: _____

UNION AFFILIATION: _____ LOCAL NUMBER _____

Street: _____

City: _____ State/ Zip: _____ Phone#: _____

Single Occupancy : _____ Double Occupancy : _____

** If you are sharing a room, please submit one form only*

OVER →

To confirm this reservation, a one nights deposit is required for each room. Deposits will be accepted by check, money order, or major credit card (to be processed upon receipt of reservation form.) Make checks payable to the Four Points Hotel.

MC _____ VISA _____ AMEX _____ DISCOVER _____ DINERS CLUB _____

Credit Card #: _____ Expiration Date: _____

Check Enclosed: _____ Amount: _____

I understand that my deposit will be forfeited in the event that I do not arrive on the date indicated, or do not cancel 72 hours prior to arrival. A cancellation number is required for verification of cancellation. Early departures will be billed at full rate.

Signature: _____

Special Room Requests: Handicap Equipped Room _____ Non-Smoking Room _____

* Please Note: A confirmation of this reservation will not be sent to you
If you have any questions, contact the hotel directly
We will attempt, but cannot guarantee, to honor special requests.

Check-In after 3:00 PM, Check-Out prior to 11:00 AM