



THE JACOB RADER MARCUS CENTER OF THE
AMERICAN JEWISH ARCHIVES

MS-831: Jack, Joseph and Morton Mandel Foundation Records, 1980–2008.
Series B: Commission on Jewish Education in North America (CJENA). 1980–1993.
Subseries 3: General Files, 1980–1993.

Box
14

Folder
18

Senior Policy Advisors meeting. 24 August 1989. Planning notes and correspondence, July 1989-September 1989.

For more information on this collection, please see the finding aid on the American Jewish Archives website.

7/31/89

Sheraton Hopkins Airport Hotel 267-1500
Marian Flanagan

9:30 - 4:00

Thursday, Aug. 24 10:30 - 3

12 people

Contract will be mailed to us week
of 8/7

Room: Pickwick A, Main Floor

LUNCH TIME 12:00

ICE WATER, SODA
COFFEE, SANKA, TEA ~~AND~~ THROUGHOUT DAY



Sheraton Hopkins Airport Hotel

The hospitality people of **ITT**

5300 RIVERSIDE DRIVE, CLEVELAND, OHIO 44135
216/267-1500

DATE OF FUNCTION	DAY OF FUNCTION
8-24-89	Thursday
TAKEN BY Marian Flanigan	

DATE TODAY 8-2-89

ORGANIZATION
REPRESENTATIVE
STREET
CITY, STATE, ZIP

Premier Industrial Corp.
Joan Wade
4500 Euclid Ave.
Cleveland, Ohio 44103

PHONE 391-8300

PERSON IN CHARGE TBA

TYPE OF FUNCTION (1) Meeting	(2) Lunch	RENTAL \$50
FUNCTION ROOM (1) Pickwick A-needs large room	(2) Pickwick A	NUMBER EXPECTED 12 10
TIME OF FUNCTION (1) 10:30AM-3PM	(2) 12:15PM 12Noon	NUMBER GUARANTEED

MENU	PRICE \$8.25++*	SERVE AT XXXXXXXXX Noon 12:15PM
Tuna Salad-(No Croissants) Cottage Cheese Fruit garnish Rolls on the side Plates of cookies on the tables Beverage Service \$25 XXX Set up fee if under 25 people		
BEVERAGE SERVE AT _____		
<input type="checkbox"/> CASHIER REQUIRED CHARGE _____ <input type="checkbox"/> BARTENDER REQUIRED CHARGE _____		
ROOM SETUP	REMARKS	
Room ready by 9AM Dual set up Hollow square for meeting hollow square for lunch	10:30AM: Coffee, Tea and Sanka @\$1.50++*/pp 2PM: Coffee, Tea and Sanka Sodas @\$2.75++*/pp Replenish if necessary 1:30 - Hot and cold beverages <u>Group is tax exempt</u> AX: 3787 287 23 991006 X: 8/89	

ALL FOOD AND BEVERAGE PRICES ARE SUBJECT TO 7% SALES TAX AND 16% SERVICE CHARGE.

This will confirm our conversation of _____ and make
definite the above information unless notified otherwise.

X

SALES REPRESENTATIVE

48 The number of persons shown will be regarded as a guarantee, unless otherwise notified
12 hours prior to the function. The Hotel reserves the right to charge for this number if less
are served.

X

APPROVED

DATE

TITLE

CLIENT COPY

MEETING & CONFERENCE CENTER

5300 RIVERSIDE DRIVE • CLEVELAND, OHIO 44135 • (216) 267-1500

SALES
EXECUTIVE Marian Flanigan

DATE 8-24-89/8-2-89

ATTENDANCE

ORGANIZATION Premier Industrial Corp.

NAME OF MEETING

CONTACT Joan Wade

TITLE

ADDRESS 4500 Euclid Ave

TELEPHONE 391-8300

CITY Cleveland

STATE Oh

ZIP 44103

RATES: SINGLE

TWIN/DOUBLE

EXTRA PERSON

SUITES

ROOM TAX

[illegible]

COMPLIMENTARY ROOM ALLOTMENT _____ PER _____ ROOMS OCCUPIED PER DAY

RESERVATION PROCEDURE: ROOMING LIST _____ RESERVATION ENVELOPE _____ CONVENTION BUREAU _____ INDIVIDUAL (PHONE/LETTER) _____

METHOD OF PAYMENT:

☐ INDIVIDUAL PAYS OWN ROOM, TAX, AND INCIDENTALS

☐ ORGANIZATION PAYS ROOM AND TAX ONLY,
INDIVIDUAL PAYS INCIDENTALS

☐ ORGANIZATION PAYS ALL ROOM, TAX, AND INCIDENTALS☐ MASTER ACCOUNT (SEE NO. 4 ON REVERSE SIDE FOR ESTABLISHMENT OF MASTER ACCOUNT)

COMMENTS:

AX: 3787 287 23 991006 X: 8/89

Group is tax exempt

Room ready by 9AM

MEETING AND BANQUET REQUIREMENTS

FUNCTION SPACE HAS BEEN RESERVED TO ACCOMMODATE YOUR PROGRAM AS OUTLINED BELOW:

[illegible]

THIS AGREEMENT IS SUBJECT TO THE POLICIES AND PROCEDURES PRINTED ON THE REVERSE SIDE. PLEASE SIGN AND RETURN ONE COPY TO THE HOTEL, WHICH WILL SERVE AS AGREEMENT BETWEEN YOUR ORGANIZATION AND THE HOTEL.

It is our pleasure to confirm the following arrangements for your group. We would like to ask that you please review carefully these terms and conditions.

1. Reservations received within your room block will be accepted until _____. Remaining unreserved rooms will be released back to the Sheraton Hopkins Airport Hotel for general sales. Reservation requests received after cut-off date are subject to rate and space availability.
2. If guest room reservations are not guaranteed by the deposit or acceptable letter of guarantee, they will be held until 6:00 p.m. on the date of arrival. A guaranteed reservation will be held the night of the arrival date. If the guest does not arrive, either the guest or the organization, as applicable, will be obligated for one night's room rate plus tax.
3. Check out time is 11:00 a.m. The Sheraton Hopkins Airport Hotel policy is to house guests in a clean room. It will be helpful if your guests plan to arrive after 3:00 p.m. Efforts will be made to accommodate those guests who arrive earlier.
4. If Direct Billing is requested as payment of the account, the attached credit application must be returned to the Hotel Credit Department for its approval at least 30 days prior to the scheduled arrival date. If additional information is required, you will be notified by said Department. Please indicate the name and address of individual(s) responsible for payment of the account, as well as those individuals authorized to sign charges to the account. Also specify the types of charges to be direct billed.
5. Upon receipt of the signed copy of this contract, our Convention Service Department will contact you to discuss the details of your meeting. Please advise our Convention Service Department of any special requirements you may have in the areas of menu selection, exhibit space, audio/visual equipment, display equipment, labor, etc.
6. Function rooms are assigned in accordance with your estimate of the number of persons anticipated. The Sheraton Hopkins Airport Hotel reserves the right to reassign a group to a room suitable for its actual attendance, if attendance changes upward or downward. Should your final guarantee fall more than 25% below your estimated maximum attendance, a service charge may apply.
7. In the event it becomes necessary for the organization to cancel this function at the Sheraton Hopkins Airport Hotel, the organization agrees to notify the hotel a minimum of 1 wk prior to the scheduled function/arrival date. Should notification not be received in the agreed time frame, the organization agrees to pay the Sheraton Hopkins Airport Hotel the sum of 5000 as a cancellation penalty.
8. No one will be permitted to bring food or beverage of any kind into the Sheraton Hopkins Airport Hotel without its express written permission. Prices for food and beverage are confirmed 90 days in advance of an event. A final guarantee is required by Noon two (2) business days before the event. We must be informed in writing or by phone of the exact number of people who will attend the event. This number will be a guaranteed minimum and the amount for which payment is due. We will not have to serve more than 5% more than this number (but not more than 50 additional guests maximum). If no notification is made by the required time, we will assume the anticipated attendance discussed to be correct; you will be charged and agree to pay accordingly.
9. You agree to conduct your function in an orderly, decorous, and lawful manner and to abide by the Hotel rules. All displays and signage must conform to said rules. The Sheraton Hopkins Airport Hotel reserves the right to inspect and control all private functions. Liability for damage to the premises will be charged accordingly. The Sheraton Hopkins Airport Hotel cannot assume, and you hereby release it from, any liability or responsibility for personal property and equipment brought onto the premises.
10. Upon written notice, either party may be excused from performing this agreement due to acts of God, war, government regulation, disaster, strikes, civil disorder, or other emergencies making it illegal or impossible to provide the facilities or to hold the meeting. This agreement shall be construed in accordance with the laws of the State of Ohio. References to the Sheraton Hopkins Airport Hotel or The Hotel mean and refer to Sheraton Hopkins Airport Hotel, their partners, officers and directors. Changes to this agreement must be in writing.
11. Please indicate your acceptance and acknowledgement that this meeting is definite and confirmed by signing and returning one copy of the agreement to the Sheraton Hopkins Airport Hotel Sales Office by asap , along with a deposit in the amount of \$, which will be applied to your Master Account.

Comments: _____

Confirmation: The Sheraton Hopkins Airport Hotel

Name M. Flanagan

Title Dir. of Catering

Date 8/2/89

Confirmation:

Name _____

Title _____

Date _____

Upon signing this agreement, the above person warrants he/she is a duly authorized and appointed agent for the meeting, and is fully empowered to accept the provisions contained in this agreement as a definite and binding commitment. We sincerely thank you for allowing us this opportunity to be at your service.



Sheraton Hopkins Airport Hotel

The hospitality people of **ITT**

5300 RIVERSIDE DRIVE • CLEVELAND, OHIO 44135-3196 • (216) 267-1500

August 10, 1989

SEP 05 1989

Joan Wade
Premier Industrial Corp.
4500 Euclid Avenue
Cleveland, OH 44103

Dear Joan:

On behalf of the staff and management at the Sheraton Hopkins Airport Hotel, I would like to thank you once again for your recent patronage.

We are very aware of your continuous support and appreciate your candid feedback. Although the enclosed evaluation form may seem repetitious, we find it a necessary ritual in order to continually serve you better. Therefore, we must once more, ask you to complete our questionnaire.

*mailed
9/12*

Please be assured of my personal assistance at all times, and do not hesitate to call me if there is anything we can do to make your return a more comfortable one.

Sincerely,

SHERATON HOPKINS AIRPORT HOTEL

E. Michael Drab
General Manager

MD:rw

Enclosure



163 Madison Avenue • Detroit, Michigan 48226 • (313) 965-3939/Fax: (313) 965-5778

VFL

HLZ ✓
VFL ✓
file

Office of the Executive Vice-President

AUG 21 1989

August 14, 1989

Mr. Morton Mandel
Premier Industries
4500 Euclid Avenue
Cleveland, OH 44103

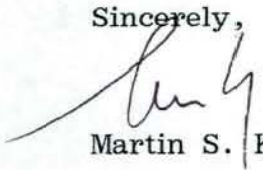
Dear Mort,

I have just reviewed the Minutes of the Senior Policy Advisors Meeting which was held in Cleveland a few weeks ago. I note that the next meeting is August 24. I wanted to alert you to the fact that although I will be there in mind and spirit, my body will be with my family and moving. The moving van arrives that day to start packing.

Sorry I can't be there but I will catch up with you. I have calendarized to join you on October 5. If my plans change and I see I can make it, I will certainly do so.

Again, I look forward to seeing you soon.

Sincerely,


Martin S. Kraar

MSK/smh

cc: Henry Zucker

01

We are pleased to enclose the final arrangements for your upcoming function.

Once you have had the opportunity to review the information, please sign and return one copy to the Hotel, retaining the other copy for your records. Please feel free to document any changes or additions on the contract.

It is Hotel policy that the guaranteed number of guests attending be specified 48 hours prior to the functions and 72 hours on weekends. This number will be considered the definite guarantee, not subject to reduction.

We at the Sheraton Hopkins Airport Hotel look forward to serving you. In the interim, if we may offer any assistance please do not hesitate to contact us.

Your Hotel Representative,

Sheraton Hopkins Airport Hotel

Marian

Sales & Catering Department
(216) 267-1500

8/21

MAF will be
billed instead of
Premier. No.
attending was changed
from 12 to 10.

JW

Sheraton Hopkins Airport Hotel
MEETING & CONFERENCE CENTER

5300 RIVERSIDE DRIVE • CLEVELAND, OHIO 44135 • (216) 267-1500

SALES EXECUTIVE	Marian Flanigan
DATE	August 21, 1989
ATTENDANCE	

ORGANIZATION	Premier Industries		
NAME OF MEETING	Mandel Associated Foundations		
CONTACT	Joan Wade	TITLE	
ADDRESS	4500 Euclid Avenue	TELEPHONE	391-8300
CITY	Cleveland	STATE	OH ZIP 44103
RATES: SINGLE		TWIN/DOUBLE	
EXTRA PERSON	SUITES	ROOM TAX	

[illegible]

COMPLIMENTARY ROOM ALLOTMENT _____ PER _____ ROOMS OCCUPIED PER DAY

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- ☐ ORGANIZATION PAYS ROOM AND TAX ONLY, INDIVIDUAL PAYS INCIDENTALS
☐ MASTER ACCOUNT (SEE NO. 4 ON REVERSE SIDE FOR ESTABLISHMENT OF MASTER ACCOUNT)

COMMENTS: DB APPROVED

MEETING AND BANQUET REQUIREMENTS
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[illegible]

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10. Upon written notice, either party may be excused from performing this agreement due to acts of God, war, government regulation, disaster, strikes, civil disorder, or other emergencies making it illegal or impossible to provide the facilities or to hold the meeting. This agreement shall be construed in accordance with the laws of the State of Ohio. References to the Sheraton Hopkins Airport Hotel or The Hotel mean and refer to Sheraton Hopkins Airport Hotel, their partners, officers and directors. Changes to this agreement must be in writing.
11. Please indicate your acceptance and acknowledgement that this meeting is definite and confirmed by signing and returning one copy of the agreement to the Sheraton Hopkins Airport Hotel Sales Office by 9/5/89 along with a deposit in the amount of \$ which will be applied to your Master Account.

Comments: _____

Confirmation: The Sheraton Hopkins Airport Hotel

Name Marian Langin

Title Dir. of Catering

Date 8/21/89

Confirmation:

Name _____

Title _____

Date _____

Upon signing this agreement, the above person warrants he/she is a duly authorized and appointed agent for the meeting, and is fully empowered to accept the provisions contained in this agreement as a definite and binding commitment. We sincerely thank you for allowing us this opportunity to be at your service.

Agenda
Senior Policy Advisors
Thursday, August 24, 1989
Sheraton Hopkins
10:30 AM - 3:00 PM

	<u>Tab</u>	<u>Assignment</u>
I. Review minutes and assignments of 7/30/89	1,2	VFL
II. The Fourth Meeting of the Commission		SF/AH
A. Desired outcomes		
B. Suggested agenda		
C. Format, preparations, logistics		
III. Workplan and report on progress		
A. Timetable from now through the final meeting		SF/AH
B. The Research Program -- Status report on all papers, authors, panels; reconsider opinion survey; timetable	3	SF/AH
1. Update on community/financing paper		HLZ
2. Update on synagogue as context paper		JR
3. Definition of Jewish education	3	AR
C. Completing the report (timetable, contents)		SF/AH
D. Developing a funding program		HLZ
E. Developing and operationalizing the IJE and Community Action Sites		SF/AH
F. Commission Outreach		
1. Working with commissioners		SF/AH

	<u>Tab</u>	<u>Assignment</u>
2. Relationship with:		
a. JESNA and Bureau Directors		JW
b. JWB		AR
c. CJF and Federations/community planners/GA	3	HLZ/MG
3. Involving organizations in development of report and implementation mechanism	3	JW
4. Report on CAJE meeting and proposed follow-up		SF
5. Public Relations	3	MG
IV. Future meetings of Senior Policy Advisors		VFL
A. October 5 - 1:30 - 5:00 pm - Cancel		
B. October 22 - 7:30 pm - New York		
C. October 24 - 8:30 am - noon - New York (JWB)		
D. November 29 (or December 6) - Cleveland		
E. Tentative date for fifth meeting: February 14, 1990		

TO: Morton L. Mandel, Chairman, David S. Ariel, Seymour Fox,
Mark Gurvis, Annette Hochstein, Stephen H. Hoffman, Martin S. Kraar,
Joseph Reimer, Arthur Rotman, Carmi Schwartz, Herman D. Stein,
Jonathan Woocher, Henry L. Zucker

FROM: Virginia F. Levi *Ginny*

DATE: September 11, 1989

Enclosed are the following items:

1. Minutes of the August 24 Senior Policy Advisors meeting
2. Assignments as of 8/24. Please note especially those items assigned to you. I will be in touch shortly to follow up.
3. Interview checklist as of 9/8/89. Please let me know the status of your plans to conduct interviews and remember to send me your summaries as soon after the interviews as possible.
4. Barry Shrage letter on Hillel involvement and MLM's response, to be discussed at a future meeting of senior policy advisors.
5. Article from Journal of Jewish Communal Service sent to MLM by Herb Millman.
6. Annette Hochstein's report on her interview with David Arnow.

slide projector

+

screen

Sarah

Copy - original sent
to Mike Cole 9/15

Premier Industries
NAME OF FUNCTION OR GROUP IF DIFFERENT

APPLICATION FOR CREDIT

BANQUETS, FUNCTIONS, TOURS AND CONVENTIONS

NAME Mandel Associated Foundations
Individual or Organization Responsible for Payment

BILLING
ADDRESS 1750 Euclid Ave. Cleveland, Ohio 44115

CONTACT Michael Cole For Billing Purposes Telephone No. (216) 566-9200 Zip Code

BOOKED BY Marian Flanigan Person Requesting Booking Date August 29, 1989
Hotel Employee

TYPE OF EVENT Meeting

DATE OF EVENT Wed. December 6, 1989

ESTIMATED REVENUE
OF EVENT

1. GUEST ROOMS	_____	\$ _____
2. BANQUET	_____	\$ _____
3. MISC.	_____	\$ _____

TOTAL \$ 500.00

BANK REFERENCE: NAME _____ ACCOUNT NO. _____
BRANCH _____ PHONE NO. _____
ADDRESS _____

TWO CURRENT (WITHIN 12 MONTHS) HOTELS AND A CURRENT TRADE REFERENCE

	FOR HOTEL USE COMMENTS
COMPANY _____ PHONE NO. _____	
ADDRESS _____	
CITY _____ STATE _____ ZIP _____	
DATE OF FUNCTION _____	
COMPANY _____ PHONE NO. _____	
ADDRESS _____	
CITY _____ STATE _____ ZIP _____	
DATE OF FUNCTION _____	
COMPANY _____ PHONE NO. _____	
ADDRESS _____	
CITY _____ STATE _____ ZIP _____	
DATE OF FUNCTION _____	

APPR. CREDIT CARD _____ CARD NO. _____ EXP. DATE _____ CARD HOLDER _____

I hereby verify that the above information is true, to the best of my knowledge and that I am an authorized representative of the above company and that all charges incurred will be paid within 30 days from the date of the function.

PRINT NAME: _____

SIGNATURE _____ DATE _____

FOR HOTEL USE ONLY

CREDIT DECISION AND REASON THEREFOR APPROVED _____ DISAPPROVED _____

DATE _____ CREDIT MANAGER SIGNATURE _____

(Must be approved 2 weeks prior to date of function or cash in advance with GTD)