

**Mail registration to:**

**Lion Marty Alford**  
**District 24-C Fall Conference Chair**  
**370 Windsor Drive NW**  
**Christiansburg, VA 24073-6099**

**Contact Person for this registration form:**

Name: \_\_\_\_\_

Club: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

**24-C Lions 2024 Fall Conference****October 24-25, 2025****Delta by Marriott -3135 Linden Dr, Bristol, VA 24202****Phone: (276) 466-4100**

Please complete a separate registration form for each person attending the Fall Conference. Each attendee will receive a nametag, conference packet and a Fall Conference Pin. Those attending the paid activities must indicate their choices below.

Hotel Reservations: The deadline for hotel reservations is Friday, October 11, 2025 . Call the hotel directly **at (276) 466-4100** and ask for the Lions conference room rate (\$99.00 + tax) or use the link When visiting [www.marriott.com/tride](http://www.marriott.com/tride), you will see a "Special Rates" drop-down tab. At the Group Code option, they will enter "MA1MA1A" for king bedded rooms, or "MA1MA1C" for a double-queen bedded room.

If calling to make a reservation directly with Marriott reservations over the phone, they will need to ask for the "District 24C Lions Fall Conference."

As a reminder, the dates for your block are Friday, October 24th and Saturday, October 25th.

You can find the link on the Lions of Virginia and the District 24 C websites with the District 24C Information.

**Deadline for Fall Conference registration is October 11, 2025**

Name: \_\_\_\_\_.

Club: \_\_\_\_\_ Lion \_\_\_\_\_ Lioness \_\_\_\_\_ Leo \_\_\_\_\_ Guest \_\_\_\_\_ Office: \_\_\_\_\_

Nametag: \_\_\_\_\_ (please indicate how you would like your name on nametag)

Registration Fee (includes pin)	\$25.00	\$ <u>25.00</u>
____ Friday Dinner	\$30.00	\$ _____
____ Saturday Buffet Breakfast	\$20.00	\$ _____
____ Saturday Buffet Lunch	\$25.00	\$ _____
____ Saturday Buffet Banquet	\$39.00	\$ _____
____ 50 / 50 Friday - 10 tickets	\$5.00	\$ _____
____ 50 / 50 Saturday - 10 tickets	\$5.00	\$ _____

Food allergies \_\_\_\_\_ TOTAL AMOUNT ENCLOSED: \$ \_\_\_\_\_

**Checks payable to: District 24-C Fall Conference** Please mail registration to the address above.

**Credit Card Billing: Credit Card payments - Fee 3.5% + .15¢ will be added** If you are not comfortable writing your credit card information, you may request a phone call for the information.

Name on card \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration \_\_\_\_\_ Code \_\_\_\_\_

Zip Code \_\_\_\_\_ Telephone Number \_\_\_\_\_