



MDA 2026 – NIAGARA

MAY 29 to MAY 31

Holiday Inn and Suites Parkway Conference Centre
327 Ontario Street, St. Catharines, Ontario
Your Host – St. Davids & District Lions Club
www.stdavidslions.ca



CONVENTION REGISTRATION – page 1

A Name Badge Information (please print)

Name: _____

Name on Badge: _____

Title/Office: _____ Present _____ Past _____

District: _____ Club: _____ This is my 1st MDA Convention _____

Address: _____

City: _____ Postal Code: _____

Phone: (____) _____ Email: _____

B Name Badge Information (please print)

Name: _____

Name on Badge: _____

Title/Office: _____ Present _____ Past _____

District: _____ Club: _____ This is my 1st MDA Convention _____

Address: _____

City: _____ Postal Code: _____

Phone: (____) _____ Email: _____

Every Lion, Leo or Guest must be registered by using this form with payment made payable to

St. Davids & District Lions Club

Registration payments must accompany this form and be forwarded to the Convention Registration Chair at the postal address or email address shown on page 2.

Registrations will be confirmed to email address provided.

Payments will **not** be refunded after May 1, 2026

Ticket sales at the Convention **must** be authorized by the MDA 2026 Niagara Convention Committee.

CONVENTION REGISTRATION – page 2

(LEO Registration is Complimentary)	A	B	TOTAL
Registration Fee	<input type="text"/> x \$30	<input type="text"/> x \$30	= \$ _____
LEO Registration Fee	<input type="text"/> x \$0	<input type="text"/> x \$0	= \$0
CONVENTION Pin/s	<input type="text"/> x \$5	<input type="text"/> x \$5	= \$ _____
FRIDAY – Welcoming Dinner	<input type="text"/> x \$60	<input type="text"/> x \$60	= \$ _____
SATURDAY – Youth Luncheon	<input type="text"/> x \$40	<input type="text"/> x \$40	= \$ _____
SATURDAY – International Banquet	<input type="text"/> x \$75	<input type="text"/> x \$75	= \$ _____
Host Committee 50/50 Draw Ticket	<input type="text"/> x \$5	<input type="text"/> x \$5	= \$ _____
VENDOR Table (\$35 per table plus \$30 registration fee)	<input type="text"/> x \$35	= \$ _____
		TOTAL	= \$ _____

PLEASE ADVISE OF SPECIAL DIETARY NEEDS: Diabetic, Vegetarian, Gluten Free, etc.

For A _____ For B _____

ROOM RESERVATIONS

Contact the Holiday Inn Hotel & Suites St. Catharines Conference Centre

(use of 3rd party reservations systems for your reservation will void our room agreement)

Toll Free: 1-877-688-2324 Direct Phone Number: 905-688-2324

State your room night requirements (Thursday, Friday and/or Saturday)

Lions Hotel Rate per night: \$169.00 (plus tax and fees) OR

Two Room Suites (sleeping & sitting): \$199.00 (plus tax and fees) – includes breakfast for 2

Reference Code: **MDC** (beginning now – ends May 4, 2026)



Hotel Terms and Conditions

1. Any reservation within our group can be modified or cancelled **24 hours prior to arrival**. (by 4 pm hotel local time)
2. You may cancel additional nights at least **24 hours prior to your departure** (by 3 pm hotel local time)
3. Check-in time is after 3 pm – early check-in is not guaranteed but may be requested.
4. Check-out time is 11 am. Late check-outs are subject to a 50% room rate fee.

Register by Canada Post

Mail this form with cheque or money order payable to:

St. Davids & District Lions Club

St. Davids & District Lions Club, Box 137, St. Davids, Ontario, L0S1P0

Email: dougsnider@live.com

Send e-transfer payments to: mdacon2026@stdavidslions.ca

Whether paying by cheque or e-transfer, please indicate what it is you are paying for.

Completed registration forms can be emailed as PDF files to dougsnider@live.com