

# MD-20 LIONS

## NYS & BERMUDA CONVENTION

MAY 3-5, 2019 Binghamton, New York

### **REGISTRATION FORM**

Please pre-register by completing this form and submitting it along with a check or money order in the amount of

**\$25.00** If submitted before December 31<sup>st</sup> 2018

**\$30.00** If submitted January 01, 2019 – April 15, 2019

**\$40.00** after April 15, 2019

Please make your check or money order payable to NYS Lions and send to:  
NYS Lions Clubs  
200 Gateway Park Drive, Building A  
North Syracuse, NY 13212

Or to pay by credit card, please complete below.

Name as it appears on card: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Card Card Number \_\_\_\_\_

Expires Month/Year: \_\_\_\_\_ Security code (3 digits) \_\_\_\_\_

**Deadline** to register through the office is **APRIL 21, 2019**

You will pick up your registration packet at convention in Binghamton.

**ALL PARTICIPANTS, LIONS AND GUESTS ALIKE, MUST BE REGISTERED IN ADVANCE OF THE MD 20 CONVENTION TO PARTICIPATE IN CONVENTION ACTIVITIES. REGISTRATION BADGES MUST BE WORN AT ALL TIMES AND ARE REQUIRED TO ATTEND ALL SESSIONS, SEMINARS AND WORKSHOPS.**

**PLEASE TYPE OR PRINT LEGIBLY**

*PLEASE ONLY TWO NAMES PER FORM MAXIMUM. THIS FORM MAY BE COPIED AS NEEDED.*

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

**If you wish to book a hotel room for convention, please complete the convention housing form that is on page 2.** The housing form can also be found in the MD-20 magazine, on the MD-20 website, and can be requested by emailing Maria Poulsen at the MD-20 Office: [lionsmd20@gmail.com](mailto:lionsmd20@gmail.com)

**MD-20 Lions New York/Bermuda Convention  
MAY 3-5, 2019 Binghamton, NY**

**PLEASE USE THIS FORM TO RESERVE YOUR HOTEL ROOM ONLY.**

**Use page 1 for Convention registration.**

*(PLEASE PRINT)*

Name \_\_\_\_\_ Day Phone(\_\_\_\_)

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Arrival Date \_\_\_\_\_ Departure Date \_\_\_\_\_

Email Address \_\_\_\_\_

Check room type desired:

- Single (1 person, 1 bed)     
  Twin Double (2 ppl, 2 beds)     
  Double (2 ppl, 1 bed)  
 Triple (3 ppl, 2 beds)     
  Quad (4 ppl, 2 beds)     
  Check here if a rollaway cot is requested

**\* SUITES AND HOSPITALITY ROOMS ARE AVAILABLE TO VDG CANDIDATES FIRST. ALL OTHER REQUESTS WILL BE ASSIGNED ON AVAILABILITY.**

NOTE: Rollaway cots are available for an additional charge of \$10 - \$20. Please check below if you would like one in your room, and you will receive the exact cost from your hotel along with confirmation.

- Check here if a handicap-accessible room is requested and explain handicap (i.e. wheelchair, recent surgery, trouble walking, etc.)  
Reason: \_\_\_\_\_

Name(s) of additional occupant(s): \_\_\_\_\_

HOTELS: To facilitate your request, indicate your 1<sup>st</sup> and 2<sup>nd</sup> choice. Your hotel registration may be held up without all choices marked. Prices are per room, per night (NOT PER PERSON). Check-in time is 4:00 p.m. & Check-out time is 11 a.m.

HOTEL	RANK (1-2)	SINGLE	TWN/DBL	TRIPLE	QUAD
<b>Doubletree by Hilton Binghamton Headquarters Hotel</b> * Non-Smoking Facility	<input type="checkbox"/>	\$135.00	\$135.00	\$135.00	\$135.00
<b>Holiday Inn Binghamton</b> * Non-Smoking Facility	<input type="checkbox"/>	\$135.00	\$135.00	\$135.00	\$135.00

NOTE: ALL PRICES SUBJECT TO 13% TAX

**You will not send a deposit with this housing form. To guarantee your room by check or money order, PLEASE WAIT TO RECEIVE CONFIRMATION FROM YOUR HOTEL (allow 2 weeks). UPON CONFIRMATION, SEND YOUR CHECK OR MONEY ORDER TO THAT HOTEL.**

**(PLEASE NOTE: PERSONAL CHECKS WILL BE ACCEPTED ONLY UP TO 10 BUSINESS WORKING DAYS PRIOR TO CHECK-IN.)**

If you would like to guarantee your room by credit card, please list information here:

GUARANTEE my room with (type of credit card)  MASTERCARD  VISA  DINERS CLUB  CARTE BLANCHE  AMEX  DISCOVER

Credit Card No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

I hereby authorize hotel to charge my credit card for a deposit in the amount of one night's rental cost on the date this reservation is received.

Cardholder's signature \_\_\_\_\_

*Mail this completed Housing Form to*  
 Binghamton Convention and Visitors Bureau  
 Five South College Drive, Suite 102  
 Binghamton, NY 13905

**If you have any questions please call Gina at (607) 296-2102**



**Confirmations will NOT be sent from the MD20 Office or the Binghamton CVB.**

**Your acknowledgement will be sent to you directly from the Hotel**