

**LIONS 2008 MD-20 NEW YORK/BERMUDA CONVENTION  
OFFICIAL ROOM RESERVATION AND/OR REGISTRATION FORM  
NIAGARA FALLS, NY  
May 2-4, 2008**

Rooms will be assigned on a **first-come, first-served** space available basis by the Niagara Falls Tourism Bureau after they are received at the MD-20 Office. **Your hotel room deposit will be forwarded to the hotel and you will see that amount credited to your room reservation upon check-in.** Reservation requests will only be accepted on this form, and must be received by the Multiple Office by **March 01, 2008**. Any requests received after that date will not be processed and will be returned. Cancellations will be accepted at the MD-20 Office until March 15<sup>th</sup>. **After April 1, 2008, call 716 282-8992 to make a change to a reservation. Cancellations must be in writing to Convention Services Manager fax at 716 285-0809 or email to [rdarone@niagara-usa.com](mailto:rdarone@niagara-usa.com) . Cancellations cannot be made by phone.** You will receive a written acknowledgement of your assigned hotel directly from Niagara Falls Convention & Tourism.

**TO REGISTER AND RESERVE A ROOM PLEASE FILL IN YOUR INFORMATION BELOW**

Number your hotel choice in order of preference with "1" being your first choice. Circle your room type/price. If you do not list at least 3 choices, you will be placed in the next available property.

Choice in order of preference	HOTEL NAME	NUMBER OF ROOMS	SINGLE ( 1 PERSON 1 BED)	DOUBLE (2 PEOPLE 2 BEDS)	TRIPLE OR QUAD (2 BEDS)
	Crowne Plaza (HEADQUARTERS)	294	\$109	\$109	\$109
	Quality Hotel & Suites 240 Rainbow Blvd	50	\$109	\$109	n/a
	Sheraton 4 Points 114 Buffalo Ave.	75	\$89	\$89	n/a
	Days Inn At the Falls 443 Main St,	100	\$95	\$95	n/a

**Please Note: Confirmation will only be mailed to the address below:**

Names will appear on registration badges as listed below - **Please Print Clearly**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Club/District: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day/Night Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

**Arrival Date:** \_\_\_\_\_ **Departure Date:** \_\_\_\_\_

If multiple occupancy, please list additional people's names below (please note, we will mail confirmation to the first person only):

**TO REGISTER ONLY PLEASE FILL IN YOUR INFORMATION BELOW**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**Registrations must be paid for any room occupants and/or convention attendees over the age of 18 \$25.00 per each room occupant over the age of 18 if submitted before November 1, 2007 \$30.00 from November 1, 2007 through March 14, 2008 \$40.00 after March 14, 2008**

**Registration Total \$** \_\_\_\_\_

**Hotel Room Deposit (same for all hotels): \$125.00**

Suite Deposit is \$400.00 (Suites are available to District Governor candidates only) **TOTAL DUE \$** \_\_\_\_\_

You must enclose a check for your room deposit and/or registrations made payable to MD-20. Send completed form and payment to: **MD-20 NYS & Bermuda Lions, 526 Oak Street, Syracuse, NY 13203**