

Reimbursement Opportunity

APPLICATION

Submit the completed application by email attachment to programs@lionsclubs.org. Applicants will receive a response from the Service Activities Division at Lions Clubs International within 30 days of receipt of the application. To be considered for expense assistance, the district or multiple district must be in good standing with Lions Clubs International.

District Enter District Name. Symposium

Multiple District Enter MD Name. Symposium

Symposium Contact Person: _____

Title: _____ Member Number: _____

Club Name: _____

Address: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Phone Number: _____ Email: _____

Symposium Theme: _____ Symposium Date: _____

Symposium Location: _____

1. Describe the needs of the children in your area that you hope this symposium will address. Include any local statistics available that help describe the issue.
2. Who is expected to attend the event? Provide information about speakers and non-Lion organizations that will participate. How many individuals do you project will attend?
3. What are some potential discussion topics? Describe any activities or group work that will facilitate networking and collaboration among Lions and other attendees.
4. How will the symposium be publicized?
5. Describe possible new or expanded service activities that will benefit children as a result of the symposium. How many children could potentially be served?

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PROPOSED BUDGET

Item	Cost
Facility Rental	
Audio/Visual Equipment	
Refreshments	
Printing (invitations, posters, flyers, etc.)	
Postage	
Advertising and Other Publicity	
Speaker Expenses	
Office Supplies	
Other (please describe):	
Total	

Signatures:

If the application is being submitted by a district, the signatures of both the district governor and symposium coordinator are required. If the application is being submitted by a multiple district, the signatures of both the council chairperson and symposium coordinator are required.

<input type="checkbox"/> District Symposium		
_____	_____	_____
Signature of Symposium Coordinator	District	Date
_____	_____	_____
Signature of Council Chairperson	District	Date

<input type="checkbox"/> Multiple District Symposium		
_____	_____	_____
Signature of Symposium Coordinator	District	Date
_____	_____	_____
Signature of Council Chairperson	Multiple District	Date

NOTE: In the event that expense assistance funding is still available as of January 1 in the current fiscal year of the program: (1) requests for applications will be extended to all districts and multiple districts that have not already received LCI symposium approval for the current fiscal year; (2) applications from districts or multiple districts that have previously received funding for a children’s symposium may be considered in the order received; and (3) a constitutional area or the continental area of Africa may be approved to receive expense assistance for more than one symposium held within the same fiscal year.