



CONVENTION AND HOTEL RESERVATION FORM  
**LIONS CLUBS 102ND INTERNATIONAL CONVENTION**  
 Milan, Italy • Friday, July 5 – Tuesday July 9, 2019



**2019 FVDG/DGE SEMINAR & MILAN INTERNATIONAL CONVENTION REGISTRATION AND TRAVEL FORM**

**FIRST VICE DISTRICT GOVERNOR/DISTRICT GOVERNOR-ELECT** District # \_\_\_\_\_

First Name/Family (Last) Name \_\_\_\_\_ Badge/Call Name \_\_\_\_\_

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

City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email \_\_\_\_\_ Club Name \_\_\_\_\_ Club # \_\_\_\_\_ Member # \_\_\_\_\_

Will an adult companion accompany you to MILAN, ITALY?  YES  NO

**NAME OF FVDG/DGE ADULT COMPANION TRAVELING WITH YOU:**

First Name/Family (Last) Name \_\_\_\_\_ Badge/Call Name \_\_\_\_\_

Adult Companion's Club # \_\_\_\_\_ District # \_\_\_\_\_

In order to register additional family members for the Convention, please contact [dgeseminar@lionsclubs.org](mailto:dgeseminar@lionsclubs.org) for a FVDG/DGE Family Registration Form.

**EMERGENCY CONTACT INFORMATION:**

Emergency Contact Name \_\_\_\_\_ Emergency Contact Phone Number \_\_\_\_\_

**HOTEL ROOM RESERVATIONS:**

Unless a change is requested below, LCI will make your hotel reservations at the official FVDG/DGE hotel, **UNA Hotels Hotel Expo Fiera Milano "ATA Hotel" OR NH Fiera Hotel, for the LCI approved travel dates.**

**ARRIVAL: THURSDAY, JULY 4**

**DEPARTURE: TUESDAY, JULY 9**

Number of Guests in Room \_\_\_\_\_ **(2 MAX PER ROOM)** Number of Beds Needed  1  2

Special Requirements:  Wheelchair Accessible  Other \_\_\_\_\_

Special Needs in the Hotel Room or for Transportation Services in Milan: \_\_\_\_\_

(Special Needs Rooms are limited and subject to availability. If applicable, please complete the **Special Needs Form** and return to [dgeseminar@lionsclubs.org](mailto:dgeseminar@lionsclubs.org))

- LCI will pay for one room, double occupancy with either 1 bed or 2 beds for LCI approved dates only.
- Types of bedding and special requests are subject to hotel availability at time of check-in.
- Rooms are nonsmoking.

Please advise LCI below if you plan to arrive **BEFORE** Thursday, July 4 and/or depart **AFTER** Tuesday, July 9. Upon receipt of this information, LCI will contact you in writing and advise if we are able to accommodate your request. Additional hotel nights and the applicable taxes are a personal expense and subject to availability. These expenses are paid directly by the FVDG/DGE to the assigned Hotel upon checkout.

Arrival: \_\_\_\_\_ Departure: \_\_\_\_\_

**FVDG/DGE CELEBRATION BANQUET:** Indicate Dietary Requirements (choose one per person)

**DGE:**  No restrictions  Indian Vegetarian  Vegetarian  Other \_\_\_\_\_

**Adult Companion:**  No restrictions  Indian Vegetarian  Vegetarian  Other \_\_\_\_\_

Contact [dgeseminar@lionsclubs.org](mailto:dgeseminar@lionsclubs.org) regarding purchasing additional FVDG/DGE Celebration Banquet tickets.

Additional tickets are subject to availability.

**LCI INTERNAL USE ONLY - TRAVELER TYPE: FVDG/DGE - ACCOUNT CODE: 3502-5220**

Please return both (2) pages of the completed form by Thursday, February 28, 2019

By Mail: Lions Clubs International Attn: Convention Division • 300 West 22nd Street Oak Brook, IL 60523-8842 USA • Fax: +1 630.571.1689 • E-mail: [dgeseminar@lionsclubs.org](mailto:dgeseminar@lionsclubs.org)



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**TRAVEL INFORMATION**

If you will not be flying to Milan, Italy, please indicate the mode of transportation you will be using instead:  Train  Driving  Other \_\_\_\_\_

**FIRST VICE DISTRICT GOVERNOR/DISTRICT GOVERNOR-ELECT**

Passport Name \_\_\_\_\_

Passport Number \_\_\_\_\_

Country of Issue \_\_\_\_\_

Expiration Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender:  Male  Female

Preferred Airport \_\_\_\_\_

Departure Date\* \_\_\_\_\_

**\*LCI approved arrival date is Thursday, July 4, 2019**

Preferred Departure Time  Morning  Mid Day  Evening

Preferred Routing \_\_\_\_\_

Return Date \_\_\_\_\_

Preferred Return Time  Morning  Mid Day  Evening

Seating Preference  Aisle  Center  Window

Special Meal Request (If Applicable) \_\_\_\_\_

Frequent Flyer Program  Name(s) \_\_\_\_\_  Number(s) \_\_\_\_\_

Wheelchair or Airport Assistance Required  
 (Additional charge considered a personal expense)

Oxygen Tank Needed in Flight  
 (Additional charge considered a personal expense)

Traveling with a Companion Dog  
 (Additional charge considered a personal expense)

**ADULT COMPANION**

Passport Name \_\_\_\_\_

Passport Number \_\_\_\_\_

Country of Issue \_\_\_\_\_

Expiration Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender:  Male  Female

Preferred Airport \_\_\_\_\_

Departure Date\* \_\_\_\_\_

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