



**DEADLINES MAY 1, 2020:** Deadline for advance registration and hotel reservation. Deadline to submit a refund request for registration, housing and/or ticketed event cancellation.

**REGISTRANT INFORMATION:** Please type or print name as it appears on passport/photo ID.

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

Address \_\_\_\_\_

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

Daytime Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Lion  Lioness  Alpha Leo  Omega Leo  Adult Guest Club No. \_\_\_\_\_ Membership No. \_\_\_\_\_ District \_\_\_\_\_ Title \_\_\_\_\_

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

Lion  Lioness  Alpha Leo  Omega Leo  Adult Guest Club No. \_\_\_\_\_ Membership No. \_\_\_\_\_ District \_\_\_\_\_ Title \_\_\_\_\_

CHILD: First Name/ Family (Last) Name \_\_\_\_\_ Age \_\_\_\_\_  Alpha Leo

**PACKAGE A:**

Includes convention registration for each registrant listed above plus one (1) hotel room serviced by shuttle buses during convention.

- Before January 10, 2020  Reservation in delegation hotel
- After January 10, 2020  I prefer my delegation hotel  Prefer another hotel

Hotel Name \_\_\_\_\_

Arrival Day/Date \_\_\_\_\_ Departure Day/Date \_\_\_\_\_

No. of Guests in Room \_\_\_\_\_ No. of Beds Needed  1  2

Special Requirements:  Wheelchair Accessible  Other

- **US\$200 Hotel Deposit** is per room and credited to your hotel bill at check out.
- Hotel rooms are equipped to accommodate a total of two (2) guests per room.

**PACKAGE B:**

**NO ROOM REQUIRED** (Registration only for each person listed above.)

**OPTIONAL TICKETED EVENTS**

I/we plan to attend the following event(s): (Must be registered to attend)

EVENT: MELVIN JONES FELLOW LUNCHEON

DATE/TIME	FEE	QUANTITY	AMOUNT DUE
June 28/ 12:30-14:30	US \$75	_____	\$ _____

EVENT: DISTRICT GOVERNOR/PAST DISTRICT GOVERNOR BANQUET

DATE/TIME	FEE	QUANTITY	AMOUNT DUE
June 29/ 20:00-22:00	US \$150	_____	\$ _____

Dietary Requirements:  No restrictions  Indian Vegetarian  Vegetarian  Other \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

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

**SERVICE PROJECTS IN SINGAPORE**

I am interested in participating in a hands-on community service project during the Singapore International Convention. Further details on registering for service projects will be sent to you in the coming months.

**PAYMENT:** Full payment is required with this form. US currency only. Checks and money orders must be drawn on US banks. Visa, MasterCard & Discover cards accepted.

REGISTRATION FEES:	Adult	Child (17 and under)/Alpha Leo	Omega Leo	PACKAGE A:	PACKAGE B:
EARLY (Before January 10, 2020)	US\$175	US\$20	US\$100	Registrations: US\$ _____	Registrations: US\$ _____
REGULAR (January 11 through March 31, 2020)	US\$225	US\$20	US\$100	Ticketed Events: US\$ _____	Ticketed Events: US\$ _____
LATE (April 1, 2020 – onsite)	US\$250	US\$20	US\$100	Hotel Deposit: US\$ <b>200.00</b>	
				Total Due: US\$ _____	Total Due: US\$ _____

Check # \_\_\_\_\_  Wire transfer (payment slip must be attached to this form)  Visa  MasterCard  Discover

Name as it appears on card \_\_\_\_\_ Credit card must be in the name of the registrant.

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

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