



We Serve



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17<sup>th</sup> ANNUAL DISTRICT A-711 CONVENTION  
FRIDAY 20<sup>th</sup>, SATURDAY 21<sup>st</sup> and SUNDAY 22<sup>nd</sup> of APRIL  
AIRPORT HOLIDAY INN  
970 DIXON RD. TORONTO, ONTARIO M9W 1J9

First Name _____	First Convention    SPOUSE OR GUEST
Last Name _____	
Badge Name _____	
Address _____	
Club/Company _____	
Highest District Office held _____	
Phone _____	Email _____

REGISTRATION (Before Feb. 28, 2018)	\$20.00----->	<input type="text"/>
(After Feb 28 <sup>th</sup> , 2018)	\$25.00----->	<input type="text"/>

SATURDAY BREAKFAST	(\$30.00)					
SATURDAY LUNCHEON	(\$35.00)					
SATURDAY BANQUET	(\$60.00)	Beef	Fish	Vegetarian	Total Meals ----->	<input type="text"/>
SUNDAY BRUNCH	(\$35.00)					
Special Dietary Needs	<input type="text"/>					

<b>SPECIAL BUNDLE PRICE (Before Feb. 28, 2018)</b>	
<b>ALL MEALS PLUS REGISTRATION</b>	<b>\$ 170.00 -----&gt;</b> <input type="text"/>

ROOM RATES (PER NIGHT PLUS APPLICABLE TAXES) – All rooms non-smoking.						
<b>\$100.00 deposit will be made in your name for the specified room type and days</b>						
All additional charges will be to your Credit Card (required at check-in)						
Check all that apply.						ENTER \$100
Two Double beds	\$125.00	Thurs	Fri	Sat	TO RESERVE	<input type="text"/>
King Bed	\$125.00	Thurs	Fri	Sat		

CREDIT CARD PAYMENT (VISA, MASTERCARD OR AMEX) <b>OR</b> BY CHEQUE TO <b>DISTRICT A 711 CONVENTION</b>	
Name _____	TOTAL Charge/Cheque--> <input type="text"/>
Credit Card # _____	
EXP _____ CVC _____	
Postal Code of Billing Address _____	

**PLEASE REVIEW ALL ITEMS BEFORE PRINTING OR SUBMITTING FORM**

If paying by Credit Card Scan & email to - [a711convention@gmail.com](mailto:a711convention@gmail.com)

Phone – 416-399-4092

**If paying y Cheque Print & mail to  
DISTRICT A 711 LIONS CONVENTION  
c/o Al Teliatnik  
242 Sunset Dr.  
Oakville, ON. L6L 3M4**