

DISTRICT 34 A CONVENTION REGISTRATION FORM

The Cullman Regional Medical Center, Cullman, AL

March 6, 2010

NAME _____

ADDRESS _____

LIONSCLUB _____

NUMBER OF ATTENDEES X \$20.00(Registration fee and Meal fee) _____

PLEASE MAIL COMPLETED REGISTRATION FORM TO:

CABINET SECRETARY/TREASURER

DONA LOVELACE

152 TRAILING VINE

HARVEST, AL 35749

BY FRIDAY, FEBRUARY 26, 2010