2027 FACULTY DEVELOPMENT INSTITUTE
Sponsored by the Lions of Multiple Districts 3, 9, 17, 26, and 38
Baker University,
615 Dearborn Street, Baldwin City, Kansas 66006
July 15-18, 2027

REGISTRATION FORM (Please type or print legibly)

NAME_____ Badge Name_____ Gender ___
Last First Initial

ADDRESS_____
Street/PO Box City State/Province Zip/PC

PHONE ( ) _____ ( ) _____ _____
Home Bus/Cell Email

Home Club. _____ Sub District Number _____ LCI Mbr # _____

Years in Lions _____ **Highest Office Held** _____

Registration Fee is **US$230 if received by April 30, 2027**, and must accompany the registration form. **Beginning May 1, 2027, the base fee increases to US$250**. Make checks payable in US funds to GPLLI or use Venmo (@Hans-Neidhardt). Mail registration form along with check (if paying by check), to PID Hans Neidhardt, 2744 E Ironstone St, Park City, Kansas 67219. You can also email the registration form to PID Hans Neidhardt (hnwizardofoz@gmail.com).

Application Deadline: June 1, 2027

"Applications will not be accepted without full payment."

Your registration fee includes eight meals, all Institute costs and dormitory rooms (3 nights) at Baker University. Please note that the dormitories are smoke free. You are permitted to request a specific roommate. Check in will take place at the **Harter Student Union** from 3:00 P.M. to 5:00 P.M. on Thursday, July 15th and check out must be completed by 8:00 A.M. on Sunday, July 18th. We offer a souvenir shirt for an additional US$30. Shirt size_____ (they run a little large).

The following information must be completed before registration will be accepted.
_____ Diabetic Diet requested
_____ Vegetarian Diet requested
_____ Wheelchair Access required
_____ Vision Impaired (List what accommodation(s) are needed)
_____ Hearing Impaired (List what accommodation(s) are needed)

Please list any other special requests_____
Questions about the Faculty Development Institute may be directed to: PID Hans Neidhardt, Registrar, 2744 E Ironstone St, Park City, Kansas 67219, (316) 435-2800, or hnwizardofoz@gmail.com. Additional information will be sent to attendees prior to the start of the training session, to include directions, campus map, daily schedule, etc.

EMERGENCY CONTACT INFORMATION

We are asking for the following information in case of an emergency arising during the 2027 Institute. This information will be maintained until the close of the Institute and then shredded.

Emergency Contact Name_____Relationship_____

Contact telephone: HOME_____WORK_____CELL_____

Medical information that needs to be shared with emergency responders: Please feel free to use the back of this form.
_____

** LCIF Donations Collection: Historically, we have accepted individual and/or club donations during the training course. Donations are entirely up to each individual and/or clubs, and are in no way mandatory.