

The Augustine Fellowship, S.L.A.A., Fellowship-Wide Services, Inc.

2008 ABC/M REGISTRATION FORM

To be used by all ABC/M attendees.

Registration Deadline: June 2nd, 2008

Your PROMPT registration will facilitate our planning process: please return this form with your payment. Upon receipt of your form and payment, we will send a confirmation packet to you. Any questions contact F.W.S. at (001) 210/828-7900 or by e-mail at info@slaafws.org.

ATTENDING AS: (Circle One)

Delegate

BOT Member

F.W.S. Staff

Journal Editor

Non-Delegate/Observer

NUMBER OF CONSECUTIVE YEARS YOU HAVE ATTENDED THE ABM? _____

The work of the Conference occurs all year long, not only at the ABC/M. During the year, the full Conference (delegates, BOT members, Editor of the Journal, FWS Staff) and other members of Conference Committees will need to communicate with each other. As a member of the Conference, please understand that this information will be distributed to the rest of the Conference and all members of Conference Committees. Please protect the anonymity of these individuals as you wish us to protect yours – do not share it with those outside the Conference or Conference Committees. The information will be printed on a dark colored paper that will not duplicate well.

[] Please use my regular information listed below on this registration for this roster.

OR

[] Please use the alternative contact information to be found on page 3 of this form.

FULL NAME _____ GENDER: Female Male

DESIRED NAME & GROUP AFFILIATION FOR NAME TAG _____

MAILING ADDRESS _____

CITY _____ STATE/PROVINCE _____

ZIP/POSTAL CODE _____ COUNTRY _____

PHONE (Day) (____)____ - _____ (Evening) (____)____ - _____ EMAIL: _____

INTERGROUP/LONE GROUP NAME _____

FOOD PLAN: You must pre-register to eat on-site. If you have any special dietary needs beyond what is indicated under Meals, please write them here and we will try to accommodate you. Attach additional sheet as needed to identify dietary needs.

LODGING: You must pre-register if you require on-site lodging. If you are traveling with someone and you want to be assigned to the same room or if you are traveling with someone and want to have your bedrooms adjacent to each other, please indicate below. You both must put this information on your respective applications!

I would like: a single room (The room holds 2 full or queen size beds.)

a double room Please answer * items below. (The room holds 2 full or queen size beds.)

*Please put _____ IN / ADJACENT TO my room. OR

*Please assign me to a room with another person. OR

I am traveling as a couple. Name of the other person sharing my room is _____.

(Note: Guests must pay for their accommodations as well.)

Handicapped accessibility: I require a handicap accessible room.

MENTOR: I am willing to help a new Delegate through the process. (You will be contacted prior to the event with the name/contact information.)

YES / NO

SERVICE: I want to volunteer my service at the ABC/M. *(Needs will be listed upon arrival)* **YES / NO**
TEMPORARY SPONSOR: I am willing to be a Temporary Sponsor. *(Minimum 1 yr. sobriety).* **YES / NO**
TRAVEL EQUALIZATION FUND (TEF): **YES / NO**

(Note: ALL TEF FORMS and RECEIPTS MUST BE RECEIVED NO LATER THAN AUGUST 1st, 2008)

CANCELLATION POLICY:

Any cancellation made **BY April 26th** will be fully refunded.
 Any cancellation made **BETWEEN April 26th and June 2nd** will receive a 50% refund.
 Any cancellation made **AFTER June 2nd** will not be refunded.

REGISTRATION: Food/Site is **required** in all ABC/M packages. Housing is optional.

Comments:	Description:	Total DUE	Total PAID BY YOU/ INTER/GROUP:
Check one:	<input type="checkbox"/> HOUSING single (Limited)	\$370.00	
	<input type="checkbox"/> HOUSING double	\$265.00	
	<input type="checkbox"/> NO HOUSING	0	
	<input type="checkbox"/> HOUSING Monday single	\$120.00	
	<input type="checkbox"/> HOUSING Monday double	\$85.00	
All Delegates pay:	TRAVEL EQUALIZATION FUND	\$150.00	+
All Participants pay:	REGISTRATION FEE	\$225.00	+
Observers Only!	<input type="checkbox"/> I am an OBSERVER	-\$150.00	-
DISCOUNT IF POSTMARKED BY: 4/26/2008		-\$50.00	-
TOTAL ABC/M PAYMENT:			
<i>I would like to donate additional monies to help a fellow delegate attend the ABC/M—</i>			
SCHOLARSHIP CONTRIBUTION:			
TOTAL ABC/M & SCHOLARSHIP PAYMENT:			
COMPLETE PAYMENT AMOUNT:			

- You **MUST** include your Delegate Registration form with this Form to be eligible for the discount.

Send this form and payment to: F.W.S. 1550 NE Loop 410, Suite 118, San Antonio, TX 78209 USA

- I am enclosing a check or money order.
- I would like to pay by credit/debit card. My information is below. (Missing information may hold up processing your registration!)

Total charge to my credit card: \$ _____ MasterCard Visa
 Expiration Date: _____

Account Number: (print clearly)

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Name as it appears on Credit card: (please print) _____

Cardholder's Billing Address: _____

Cardholder's Signature: _____ Telephone #: _____

Anonymity and Disclosure of Personal Information

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Alternate Address (i.e. intergroup address, P.O. Box, etc)

First Name _____ Last Name (surname) _____

Full Mailing Address:

Line 1 _____

Line 2 _____

City _____, State _____, Country _____, Zip/Postal Code _____

Home Phone _____ best to call daytime/evening/any (circle the best)

Cell Phone _____ Restrictions, requests for usage? _____

Email address _____@_____