

The Augustine Fellowship, S.L.A.A., Fellowship-Wide Services, Inc.
2017 ABC/M POSTAL MAIL REGISTRATION FORM
Registration Deadline - Saturday June 10, 2017

All ABC/M attendees must fill out this Registration Form. Prompt registration facilitates the planning process.

ATTENDING AS: (Circle One)

- Delegate BOT Member F.W.S. Staff *the Journal Editor* Non-Delegate/Observer
- CCC Chair CLC Representative

Anonymity and Non-Disclosure of Personal Information

The information provided below is only for internal use by the F.W.S. office.

FULL NAME _____ **GENDER:** Female Male

DESIRED NAME AND GROUP AFFILIATION FOR NAME TAG _____

MAILING ADDRESS _____

CITY _____ **STATE/PROVINCE** _____

ZIP/POSTAL CODE _____ **COUNTRY** _____

PHONE (Day) () - _____ **(Evening)** () - _____ **(Cell)** () - _____

EMAIL _____

INTERGROUP/LONE GROUP NAME _____

FOOD PLAN: Food is required on all ABM packages as part of our contract with the hotel. If you have any special dietary needs please attach an additional sheet. The hotel has provided meal plans to accommodate most dietary needs.

LODGING: You must pre-register for lodging. If you are traveling with someone and want to be assigned to the same room, please indicate below. **You both must put this information on your respective applications.** Rooms will contain two double beds, whether single or double occupancy. King beds available on a first come, first served basis. Guests of attendees must also pay in advance. **If you have room questions or changes, call F.W.S. Please do not call the hotel.**

- I would like:** a single occupancy room
 a double occupancy room
- Please put _____ in my room.
- Please assign me to a room with another person.
- I am traveling as a couple. Name of the other person sharing my room is _____.
- I require a handicap accessible room.

It is important to note that there are additional meetings for Conference Committee Chairs and the Board of Trustees after the last General Assembly of the ABC/M that may go as long as **5 pm Friday**. Please make your return travel arrangements after **7 pm Friday July 28th** to ensure that you participate fully in the ABC/M.

Meeting rooms may be on the cool side so bring a sweater or something warmer to wear.

Please note that in the spirit of anonymity and the 12th Tradition participants are asked not to take videos or photographs at the General Assemblies, Conference Committee meetings or social functions.

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
YES / NO

SERVICE: I want to volunteer my service at the ABC/M. Needs will be listed upon arrival.

TEMPORARY SPONSOR: I am willing to be a Temporary Sponsor. Minimum one year continuous sobriety.

YES / NO
YES/ NO

TRAVEL EQUALIZATION FUND (TEF): Do you want to be reimbursed?

See TEF Guidelines at: <https://slaafws.org/abminfo>

CANCELLATION POLICY:

- Any cancellation made **by Thursday May 11, 2017** will be fully refunded.
- Any cancellation made **between Friday May 12 – Saturday June 10, 2017** will receive a 50% refund.
- Any cancellation made **after Saturday June 10, 2017 will not be refunded.**

REGISTRATION DETAILS: See Lodging paragraph above about Single and Double Occupancy rooms

Comments	Description	Total Due	Total Paid by You/Intergroup
Check	<input type="checkbox"/> HOUSING Single Occupancy and 10 meals	\$725	
	<input type="checkbox"/> HOUSING Double Occupancy and 10 meals	\$545	
	<input type="checkbox"/> HOUSING Add Monday Single Occupancy	\$125	
	<input type="checkbox"/> HOUSING Add Monday Double Occupancy	\$65	
	<input type="checkbox"/> HOUSING Add Friday Single Occupancy	\$125	
	<input type="checkbox"/> HOUSING Add Friday Double Occupancy	\$65	
	<input type="checkbox"/> ABM Local Delegate - Food, No Housing	\$350	
	<input type="checkbox"/> ABM One Day Pass and Food	\$150	
All Delegates Pay	TRAVEL EQUALIZATION FUND (TEF)	\$150	+
All Participants Pay	REGISTRATION FEE	\$250	+
Observers Only	<input type="checkbox"/> I am an OBSERVER (does not pay TEF)		
DISCOUNT IF POSTMARKED BY Thursday May 11, 2017		-\$50	-
TOTAL ABC/M PAYMENT			
Late Registration Fee after Saturday, June 10, 2017 +\$75			+
Late Special Dietary Needs after Friday, May 26, 2017 +\$60			+
Contribution to help a Delegate attend the ABC/M (see page 3)			
SCHOLARSHIP CONTRIBUTION			+
TOTAL ABC/M and SCHOLARSHIP PAYMENT			

- I am enclosing a check or money order made payable to The Augustine Fellowship.
- I would like to pay by credit/debit card. My information is below. (Missing information will delay processing your registration!)

Total charge to my credit card: \$ _____

MasterCard Visa

Security Code (3 digits on back of credit card): _____

Expiration Date: _____

Account Number: (print clearly)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

Cardholder's Billing Address: _____

Cardholder's Signature: _____ Telephone #: _____

Please return this form with payment by **Postal Mail Only** to: F.W.S. 1550 NE Loop 410 Suite 118 San Antonio, TX 78209 USA. Upon receipt an email confirmation will be sent.

Online Registration and Payment may be made at <http://tinyurl.com/abm2017register>
 Contact the **F.W.S. Office at 1-210-828-7900** or by email abm2017@slaafws.org if there are questions.

ABC/M Scholarship Policy

Each year members/Intergroups/Groups are encouraged to contribute monies to a Scholarship Fund to help subsidize Intergroup and Lone Groups sending delegates to the ABC/M for the first time. In an effort to encourage contributions as well as provide information to those who may want to request help funding a delegate to attend ABC/M 2017 the following is provided:

- Who:** Intergroups and Lone Groups sending delegates to the ABC/M for the first time may apply.
- Why:** To encourage areas that have not been previously represented to send delegates to attend the ABC/M.
- When:** Deadline for requests is **Saturday, June 10, 2017** preferably by email or fax 1-210-828-7922 as this is the quickest and surest way to meet the deadline.
- What:** Amount contributed, if any, will be evenly distributed among applicants.
- Where:** Announced at the ABC/M if any are given.

If you would like to contribute to the scholarship fund to help delegates attending the ABC/M please call the F.W.S. Office Coordinator at 1-210-828-7900 or go online <http://tinyurl.com/abmscholarshipfund> and make a contribution directly.

Thank you for your support and generous spirit.