

**The Augustine Fellowship, S.L.A.A., Fellowship-Wide Services, Inc.**  
**2020 ABC/M DELEGATE SIGN-UP FORM**  
**This form must be completed along with the Registration Form**  
**Deadline – Friday July 10, 2020**  
**online at <https://slaafws.org/abminfo>**

Fellowship-Wide Services wants Intergroups and Groups to send Delegates to the Virtual Annual Business Conference/Meeting (ABC/M) this year **Friday, July 31, 2020**.

**Part I Group Information:**            Intergroup    or    Group            (Circle one)

Name \_\_\_\_\_ ID# \_\_\_\_\_

Location \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Province \_\_\_\_\_

Zip/Postal Code/Country \_\_\_\_\_ Email Address \_\_\_\_\_

Phone Number (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

**Part II Groups Represented:** Name of up to five (5) Groups Delegate is representing:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**Part III Delegate Information**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Province \_\_\_\_\_

Zip/ Postal Code/Country \_\_\_\_\_

Phone Number (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Email Address \_\_\_\_\_

<b>CHECK ONE:</b> <input type="checkbox"/> Delegate is serving the 1 <sup>st</sup> of 2 years. <input type="checkbox"/> Delegate is serving the 2 <sup>nd</sup> of 2 years.  <input type="checkbox"/> First Time Delegate?
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**Part IV Alternate Delegate Information** (*Optional: In case Delegate is unable to participate*)

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Province \_\_\_\_\_

Zip/Postal Code/Country \_\_\_\_\_

Phone Number (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Email Address \_\_\_\_\_

<b>CHECK ONE:</b> <input type="checkbox"/> Alternate is serving the 1 <sup>st</sup> of 2 years. <input type="checkbox"/> Alternate is serving the 2 <sup>nd</sup> of 2 years.  <input type="checkbox"/> First Time Delegate?
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Please send Delegate Sign-up information to: **F.W.S.**  
**1550 NE Loop 410, Suite 118**  
**San Antonio, TX 78209 USA**

Make additional copies of this Sign-up Form as needed for each Delegate. Once Delegates are signed-up by their Intergroup or Group, ABC/M information will be sent directly to them in preparation for the event. If there are any questions, contact the F.W.S. Office at **1-210-828-7900** or by email at [abm2020@slaafws.org](mailto:abm2020@slaafws.org)

**This form must be completed along with the Registration Form for the ABC/M.**