

The Augustine Fellowship, S.L.A.A., Fellowship-Wide Services, Inc.  
**2020 ABC/M POSTAL MAIL REGISTRATION FORM**  
**Registration Deadline - Saturday June 13, 2020**  
 Online Registration and Payment may also be made at <https://tinyurl.com/abm2020register>

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

**ATTENDING AS:** (Circle One)

<input type="checkbox"/> Delegate	<input type="checkbox"/> <i>First Time Delegate?</i>	<i>Serving:</i> <input type="checkbox"/> 1 <sup>st</sup> of 2 years	<input type="checkbox"/> 2 <sup>nd</sup> of 2 years	<b>Non-Delegate/Observer</b>
<input type="checkbox"/> CCC Chair	<input type="checkbox"/> CLC Chair	<input type="checkbox"/> Record Keeper	<input type="checkbox"/> BOT Member	<input type="checkbox"/> F.W.S. Staff
				<input type="checkbox"/> <i>the Journal Editor</i>

**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:** \_\_\_\_\_

**DESIRED NAME AND GROUP AFFILIATION FOR NAME TAG** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE/PROVINCE** \_\_\_\_\_

**ZIP/POSTAL CODE** \_\_\_\_\_ **COUNTRY** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **ALTERNATE PHONE** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**INTERGROUP/GROUP NAME** \_\_\_\_\_

**FOOD PLAN:** Food is required on all ABM packages as part of our contract with the hotel. If you have special dietary needs, please attach an additional sheet. The hotel meal plan accommodates most dietary needs. Special requests may incur additional fees.

**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  
*Double Occupancy is assigned a roommate unless a specific person is indicated below.*
- Please put \_\_\_\_\_ in my room.
- I am traveling as a couple. Name of the other person sharing my room is \_\_\_\_\_.
- I require a handicapped 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 **5pm Friday**. Please make your return travel arrangements after **7pm Friday July 31** 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 12<sup>th</sup> Tradition participants are asked not to take videos or photographs at the General Assemblies, Conference Committee meetings or social functions.

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|---|-----------------|
| <b>MENTOR:</b> Help a new Delegate through the process. We will provide you with contact info and guidelines. | <b>YES / NO</b> |
| <b>SERVICE:</b> Volunteer for service at the ABC/M. Needs will be listed upon arrival.                        | <b>YES / NO</b> |
| <b>TEMPORARY SPONSOR:</b> Be a Temporary Sponsor. Minimum one year continuous sobriety.                       | <b>YES / NO</b> |
| <b>TRAVEL EQUALIZATION FUND (TEF):</b> Do you want to be reimbursed?  | <b>YES / NO</b> |
- TEF Guidelines can be found at: <https://slaafws.org/abminfo>

**CANCELLATION POLICY:**

- Any cancellation made **by Thursday May 14, 2020** will be fully refunded.
- Any cancellation made **between Friday May 15 – Saturday June 13, 2020** will receive a 50% refund.
- Any cancellation made **after Saturday June 13, 2020 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
<b>Housing</b>	<input type="checkbox"/> HOUSING Single Occupancy and 10 meals	\$790	
	<input type="checkbox"/> HOUSING Double Occupancy and 10 meals	\$610	
	<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 Sacramento Commuter - Food, No Housing	\$350	
	<input type="checkbox"/> ABM One Day Pass and Food (limit one per person)	\$230	
<b>All Delegates Pay</b>	TRAVEL EQUALIZATION FUND (TEF)	\$150	+
<b>All Participants Pay</b>	REGISTRATION FEE	\$285	+
<b>Observers Only</b>	<input type="checkbox"/> I am an OBSERVER (does not pay TEF)		
<b>DISCOUNT IF POSTMARKED BY Thursday May 14, 2020</b> (excludes One Day Pass)		-\$50	-
<b>TOTAL ABC/M PAYMENT</b>			
<b>Late Registration Fee after Saturday, June 13, 2020</b>		<b>+\$75</b>	+
<b>Late Special Dietary Needs after Friday, May 29, 2020</b>		<b>+\$60</b>	+
<b>Contribution to help a Delegate attend the ABC/M SCHOLARSHIP CONTRIBUTION</b>			+
<b>TOTAL ABC/M PAYMENT and SCHOLARSHIP CONTRIBUTION</b>			

- 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)

Total charge to my credit card: \$ \_\_\_\_\_  MasterCard  Visa  
 Security Code (3 digits on back of credit card): \_\_\_\_\_ 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 #: \_\_\_\_\_

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 <https://tinyurl.com/abm2020register>**  
 Contact the **F.W.S. Office at 1-210-828-7900** or by email [abm2020@slaafws.org](mailto:abm2020@slaafws.org) if there are questions.