

2024 Virtual ABC/M REGISTRATION FORM

Registration Deadline – **Monday, June 24, 2024**

Online Registration and Payment is preferred at <https://go.slaafws.org/abm2024register>

All ABC/M attendees must fill out a Registration Form.

ATTENDING AS: (Circle One)

Delegate First Time Delegate Serving: 1st of 2 years 2nd of 2 years Non-Delegate/Observer

CCC Chair CLC Chair Record Keeper BOT Member F.W.S. Staff the Journal Editor

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

FULL NAME _____ GENDER: _____

DESIRED DISPLAY NAME (Your Virtual Nametag) _____

INTERGROUP/GROUP NAME _____

MAILING ADDRESS _____

CITY _____ STATE/PROVINCE _____

ZIP/POSTAL CODE _____ COUNTRY _____

PHONE _____ EMAIL _____

Please note that in the spirit of anonymity and the 12th Tradition participants are asked not to take video, photographs or screen recordings.

MENTOR: Help a new Delegate through the process. We will provide you with contact info and guidelines. YES / NO

VOLUNTEER: Help us run the virtual ABM – Please rate your tech experience:

IT Pro Strong Average Good

ALL ATTENDEES MUST ANSWER: - Please rate your familiarity with Zoom:

Power User Experienced Tech Host Casual Meeting Attendee Novice New to Zoom

All ABM Delegates and Observers must use a Zoom-ready laptop or desktop computer with working webcam.

CANCELLATION POLICY:

- Cancellation made by Monday, June 24, 2024 will be fully refunded.
• Cancellation made after Monday, June 24, 2024 will not be refunded.

REGISTRATION DETAILS:

Comments	Description	Total Due	Total Paid by You/Intergroup
Delegates	REGISTRATION FEE	\$190	
Non-Delegates/ Observers	REGISTRATION FEE	\$100	
TOTAL ABC/M PAYMENT			
Late Registration Fee after Monday, June 24, 2024 Add \$25			+
<i>Help a Delegate attend the ABC/M</i> SCHOLARSHIP CONTRIBUTION			+
TOTAL ABC/M PAYMENT and SCHOLARSHIP CONTRIBUTION			

- 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 AMEX
 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., 2411 NE Loop 410, Suite 122, San Antonio, TX 78217 USA.
 Upon receipt an email confirmation will be sent to the address provided.

Quick and Convenient Online Registration and Payment may be made at
<https://go.slaafws.org/abm2024register>

Contact the **F.W.S. Office** at 1-210-828-7900 or by email abm2024@slaafws.org with any questions.