Anonymity and Non-Disclosure of Personal Information
For the 2024 ABC/M Participants List
August 8-10, 2024

The work of the Conference occurs all year long, not only at the Annual Business Meeting (ABM). During the year, the full Conference (Delegates, Board of Trustees members, the Journal editor, F.W.S. office staff) and other members of Conference Committees will need to communicate with each other.

As a member of the Conference, please understand that phone numbers and email addresses are distributed to the Conference members on a roster called the 2024 ABC/M Participants List.

An audio recording of the proceedings of the General Assembly is made for use by those responsible to produce the ABM Minutes. The recording is not posted on any website nor distributed to the Conference or the public. By attending the ABM, you acknowledge awareness of such recording and consent to such for the limited purpose described above.

By filling out the information below:
1. You permit your name, phone number, and email address to be used by other Conference or Conference Committee members signing this same form.
2. You permit your name, phone number and email address to be used by the F.W.S. Office to send information, materials and notices during the 2024-25 Conference Year.
3. You agree to protect the anonymity of all Conference members adding and all volunteers who are not delegates (such as tech personnel and recordkeeper) by not disclosing the telephone number and email address of any Conference or Conference Committee member whose name appears on the Participants List.
4. You also agree that the Participants List is only for use in S.L.A.A. service and is not to be utilized for any other purpose.

First Name and Last Name Initial ________________________________

Intergroup or Group Affiliation ________________________________

Phone # ____________________________________________________

Email address ______________________________________________

Signature or Initials ___________________________________________

Date ________________________________________________________

If you do not sign this form, you will not be given a list and your name will not be on the list.