

The Augustine Fellowship, S.L.A.A., Fellowship-Wide Services, Inc.

2025 Virtual ABC/M REGISTRATION FORM

Registration Deadline – Monday, June 23, 2025

Online Registration and Payment is preferred. All ABC/M attendees must fill out a Registration Form.

ATTENDING AS: (choose one)

Delegate First Time Delegate Serving: 1st of 2 years 2nd of 2 years

Attending after serving 2 years or more Non-Delegate/Observer

CCC Chair

CLC Chair

Record Keeper

BOT Member

F.W.S. Staff

theJournal Editor

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

FULL NAME: _____

DESIRED DISPLAY NAME (Your Virtual Nametag) _____

(optional field) Pronouns used: _____

INTERGROUP/GROUP NAME _____

F.W.S. REGISTRATION # _____

MAILING ADDRESS _____

CITY _____ STATE/PROVINCE _____

ZIP/POSTAL CODE _____ COUNTRY _____

PHONE _____ EMAIL _____

(optional field) My registration fee will be paid by (choose one): My Intergroup/Group Me personally Split Other

Please note that in the spirit of anonymity and the Twelfth Tradition, participants must not take video, photographs or screen recordings.

MENTOR: Help new Delegate(s) 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 support experience: (choose one)

IT Professional Strong Average Good Fair

ALL ATTENDEES MUST ANSWER:

Please rate your familiarity with Zoom: (choose one)

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 a working webcam. No use of tablet or phone devices is allowed. Participants working alongside other attendees must have their own laptop and headphones. Sharing devices is not permitted due to procedures with voting.

CANCELLATION POLICY:

- Cancellation made up to and including Monday, June 23, 2025 will be fully refunded.
- Cancellation made after Monday, June 23, 2025 will not be refunded.

REGISTRATION DETAILS:

Comments	Description	Total Due	Total Paid by You/Intergroup
Delegates	REGISTRATION FEE	\$250 USD	
Non-Delegates/ Observers	REGISTRATION FEE	\$125 USD	
TOTAL ABC/M PAYMENT			
Late Registration Fee after <u>Monday, June 23, 2025</u>		Add \$25 USD	+
<i>Help a Delegate attend the ABC/M</i> SCHOLARSHIP CONTRIBUTION			+
TOTAL ABC/M PAYMENT and SCHOLARSHIP CONTRIBUTION			

Method of Payment (CHOOSE ONE)

- I am enclosing a check or money order made payable to The Augustine Fellowship.
- PayPal
- Zelle
- 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)

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

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 [using this clickable link](#)

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