

## REGION 9 ASSEMBLY & CONVENTION 2014

### CONVENTION REGISTRATION FORM

PLEASE FILL IN ALL ITEMS BELOW. CIRCLE YOUR SELECTIONS WHERE RELEVANT.

First Name	
Last Name	
Full Address	
Nationality	
I will be attending:	<input type="checkbox"/> Assembly only <input type="checkbox"/> Convention only
Accommodation	<input type="checkbox"/> I have reserved a room at the hotel <input type="checkbox"/> I have made other accommodation arrangements
Roommates	I would like support to find roommate(s), if possible. YES / NO
Service - are you willing to do service at the convention?	<input type="checkbox"/> Lead a meeting/workshop. If so, please specify length of abstinence and some of your recovery story (add approx half a page.) <input type="checkbox"/> Entertainment
Home hospitality	I would like home hospitality, if possible. YES / NO
If yes	From (date) _____ To (date) _____ Number of nights ____ Number of people _____
Are you bringing any guests?	YES / NO
If yes, name:	
Other support you may need?	Sightseeing tours, other (please specify): .....

Please e-mail this form to Niki at [nmailk1234@gmail.com](mailto:nmailk1234@gmail.com).

Region 9 Convention fee €20 to be paid at the Convention Registration desk (cash only, in Euros please).

**THIS FORM DOES NOT CONSTITUTE HOTEL REGISTRATION. PLEASE DON'T FORGET TO FAX OR EMAIL YOUR HOTEL RESERVATIONS DIRECTLY TO THE HOTEL.**