

Registration Fee, Optional Items & Events

Registration Fee (Required) \$10.00

In order to offset the high cost of preparing and putting on the Conference, we are continuing to institute a per registrant fee. Please note we will not be able to process your registration until this fee is paid.

Delegate Notebook \$20.00

Your notebook will be available for pick up onsite.

Unity Day Luncheon \$14.00

Join us Friday of the Conference (Sept. 4th) at the Westchester Rec. Center for a full course lunch with drink.

Description	Quantity	Price	Total
Registration Fee (Required)	1	\$10.00	\$10.00
Delegate Notebook		\$20.00	
Unity Day Luncheon		\$14.00	
Donation			
TOTAL			

Shared Room Request

(Please fill this out to notify the Conference Committee if you need to share a room)

Gender: Female Male

Have you made your room reservation? Yes No

Hotel arrival date: _____ Arrival time: _____

Hotel departure date: _____ Departure time: _____

You may make your payment by check, money order or credit card. Please do not mail in cash.

Please make all check & money orders payable to **CAWSO**.

CREDIT CARD PURCHASE: (Check One -VISA or M/C Only)

VISA MASTERCARD

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

SIGNATURE: _____

DATE: _____

**2009 CA World Service Conference
Registration Form**



September 1 - 6, 2009

Please complete and mail this form to
CA World Service Office by **MAY 1, 2009**.

**Kindly mail this form along with all fees to:
Conference Chair – Delegate Registration
c/o CAWSO
3740 Overland Ave., Suite C
Los Angeles, CA 90034**

*We look forward to seeing you in September!
Thank you for being of service.*

ALL INFORMATION REQUIRED – PLEASE PRINT CLEARLY

Delegate Alternate Delegate Non Delegate

If Non Delegate, please enter title here: _____
(i.e.; Former Delegate, Trustee, Non-Delegate Chair, WSOB Member)

Date: _____

Name: _____

Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____ Country: _____

Home Phone: _____

Mobile Phone: _____

Email: _____

Area Represented: _____

Signature: _____

Name on badge to read: _____

Are you a new delegate? (check one) Yes No

How many votes do you carry? _____
(Limit 2 per Delegate/Alternate)

How many meetings are in your Area? _____

How many Delegates will your Area be sending to the Conference? _____

How many Alternate Delegates will your Area be sending to the Conference? _____

For returning Delegates, how many Conferences have you attended as a Delegate? _____

Do you know which Committee you would like to serve on?

Yes No If you checked yes, please indicate which committee: _____

Would you like to receive your delegate mail electronically?

Yes No If you checked **YES, PRINT** your email address here: _____

Would you like to lead a 12 Step meeting at the Conference?

Yes No

For Non Delegates, would you be willing to do service in the Business Office at the Conference? Yes No

AREA CHAIR PERSON INFORMATION: (Please print clearly)

Name: _____

Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____ Country: _____

Home Phone: _____

Mobile Phone: _____

Email: _____

Signature of Area Chairperson: _____

ALL registration forms need to be completed and mailed to World Service office by MAY 1, 2009.

Please use the back portion of this form to register for the Conference events and total your registration fees.

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