Yo Ple De Kid	Inference Registration Fee (Required) Inference Registration Fee (Required) In registration feel includes one Comment It is a comment of the second of the se	morative stration u k up) 16	coin and one intil the reg. f	jump drive ee is paid. \$25.00 \$25.00		
Unity Day Breakfast-Friday, September 2, 2016\$16.00						
	Description	Qty	Price	Total		
	Registration Fee (Required)	1	\$40.00			
	Delegate Notebook		\$25.00			
	Delegate Notebook on Jump Drive		FREE			
	Conference T-shirt		\$15.00			
	Additional Commemorative Coin		\$ 5.00			
	Kick-Off Dinner		\$25.00			
	Unity Breakfast		\$16.00			
	Donation to CA					
			TOTAL			
Please register online at <u>www.ca.org</u> if at all possible! T-shirt Size: S M L XL 2XL 3XL Men's or Women's circle one please						
Shared Room Request I will need a Roommate: Yes No If Yes: Female Male If No: Rooming with						
Have you made your room reservation? Yes No What days are you staying at the Hotel – please select <u>each</u> day you will be there Sat Aug 26 Sun Aug 27 Mon Aug 28 Tue Aug 29 Wed Aug 30 Thu Aug 31 Fri Sep 1 Sat Sep 2						
You may make your payment by check, money order or credit card. Please do not mail cash. Please make all checks & money orders payable to CAWSO . Credit Card Purchase (Circle One)						
		`	•			

VISA

Card #:

Exp Date:

Signature:

MasterCard

Discover

American Express

and date:

2017 CA WORLD SERVICE CONFERENCE REGISTRATION FORM



"12 Steps one Solution"

August 30 - September 3, 2017 At Sheraton Gateway 6101 Century Boulevard Los Angeles, CA 90045 Phone: (310) 642-1111

Please complete and mail this form to CA World Service Office by July 15, 2017

Kindly mail this form along with all fees to:

Delegate Registration c/o CAWSO
21720 S. Wilmington Ave., Unit #304
Long Beach, CA 90810

NEW THIS YEAR, PLEASE <u>ONLY</u> USE THIS FORM IF YOUR AREA IS REGISTERING MULTIPLE DELEGATES AND PAYING WITH ONE CHECK. PLEASE HELP US GREATLY AND REGISTER ONLINE THIS YEAR AT THE CONFERENCE BUTTON ON www.ca.org

ALL INFORMATION REQUIRED-Print Clearly

Circle One:

Delegate	Alternate Delegate	Non-Delegate				
If Non-Delegate, (i.e. Conf. Officer,	enter service position WSBT, Non-Delegate C	n here: Chair, WSOB Member)				
Date:						
Name:						
Address:						
City:						
State/Province:						
Zip/Postal Code:						
Country:						
Home Phone:						
Mobile Phone: _						
Email:						
Area Represented If Delegate or Alt Delegate:						
How many Conferences have you attended before this one?						
Signature:						
Below for Delegates and Alternate Delegates only please:						
New Delegate:	Yes No					
How many votes do you carry:(Limit 2 per Delegate/Alternate Delegate)						
How many meetings in your Area:						
# of Area Delegates attending:						
# of previously attended Conferences:						

D Do you know which Committee you want to serve on? Yes No Committee:
Would you like to lead a 12-Step meeting at 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-Print Clearly PLEASE FILL OUT COMPLETELY ONLY FOR DELEGATES AND NON-DELEGATES
Name:
Address:
City:
State/Province:
Zip/Postal Code:
Home Phone:
Mobile Phone:
Email:
Area Represented:

<u>ALL</u> registration forms need to be completed and mailed to the World Service Office by July 15, 2017. Please use the back portion of this form to register for the Conference events and total registration fees.

> We look forward to seeing you, Thank you for being of service!