

REGION 5 ASSEMBLY REGISTRATION Mail and Email Form

NOTE: This Assembly we will be accepting ONLY PAPER registration (NO online registration)!

Each representative must use a /separate form.

(Deadline to register for assembly and hotel: February 19, 2015)

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

REGION REP: _____ NON-VOTING REP: _____ VISITOR: _____

ALTERNATE _____ REGION 5 OFFICER: _____ TRUSTEE: _____

I represent the _____ Intergroup

Intergroup Address _____

I have been a Region 5 representative since: _____

This is my first assembly as a Region 5 representative (circle one): YES NO

**REGISTRATION FEE: (Registrations are not refundable)
Fee includes Saturday luncheon.**

_____ \$40 - US Funds - Enclosed (Voting & non-voting reps & alternates)

- or -

_____ \$25 - US Funds - Enclosed (Registration fee if ordering lunch only)

****Please Make Checks Payable to Region 5****

DEADLINE FOR REGISTRATION IS February 19, 2015

Luncheon reservations will be made only those who have paid by February 28th.

Enclosed check will be paying for additional representatives (names) _____

_____ I wish to preorder essential documents at \$0.10 per page (rather than downloading and printing). **Please list desired documents and include payment.** *

_____ I wish to preorder the Region 5 Handbook at \$15.00. **Please include payment.** *

***See Secretary Letter for the number of pages in each document and what is included in the handbook.**

COMMITTEE SELECTION:

Please indicate below your selection for committee assignment, if you are working on any projects with this committee, or if you are the chair of a committee. A 3 assembly (1 year) commitment to a committee is preferred. Please be flexible, as region business sometimes is better served by assignment changes.

STANDING COMMITTEES:

BYLAWS
CONVENTION 2015/2016
FINANCE
INTERGROUP OUTREACH

NEWSLETTER
PI/PO
12TH STEP WITHIN

First choice: _____

Second choice: _____

I am the chair: _____ I am working on a project for this committee: _____

I have been on this committee for _____ assemblies. I would like a change: _____

ROOMMATE REQUEST:

I would like help finding a roommate. (circle one) Male Female

Please complete both pages of this form.

MAIL REGISTRATION WITH CHECK TO:

Region 5 Secretary
17595 W Dartmoor Dr
Grayslake, IL 60030-3016

OR:

EMAIL REGISTRATIONS TO: Secretary@region5oa.org

AND SEND CHECKS TO:

Region 5 Secretary
17595 W Dartmoor Dr
Grayslake, IL 60030-3016