



**44th Annual Tennessee Area 52
Al-Anon/Alateen Convention
with AA Participation
August 11 – 13, 2017**

Hilton Memphis

939 Ridge Lake Boulevard
Memphis, TN 38120

Rooms may be reserved beginning 8/1/2016

Ask for "Friends of Lois" rate

\$109 + tax per night (single - quad)

901-684-6664 or 800-445-8667

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Convention 2017 registration form – Please fill out one form per person.

Convention registration is \$20. Alateen registration is free.*

Hotel reservations must be made directly with the hotel (see rate and information above).

Saturday night banquet is \$25. Vegetarian and special diet options as available.

Please Print

Name: _____

Name on Name Tag: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: (____) _____

Email (for confirmation): _____

I am WILLING to help with: (check with your HPI!)

- | | |
|---------------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Workshops |
| <input type="checkbox"/> Literature | <input type="checkbox"/> Entertainment |
| <input type="checkbox"/> Readings (open/close meetings) | |
| <input type="checkbox"/> Other _____ | |

Type of registration: Al-Anon \$20 AA \$20 Alateen* (free)

Saturday Night Banquet \$25: Regular Vegetarian Special diet _____
(as available)

Total enclosed (registration + banquet): \$ _____ *Checks payable to TN Area AFG Convention*

Mail convention registration form and check to:
TN Area AFG Convention
8813 River Rise Dr.
Cordova, TN 38016

For more information, please call 901-323-0321 or e-mail 2017tnafgconvention@gmail.com.

*Alateens MUST be accompanied by an adult with a signed Alateen permission form (on back of this page).

ALATEEN PERMISSION FORM

Each Alateen must submit both sides of this form. Parent (Guardian) must sign consent.

Name: _____ Adult Accompanying: _____

Medication/Prescriptions: _____

Allergies: _____

Other accommodations or considerations: _____

PARENT/LEGAL GUARDIAN INFO

Address: _____

City, State, Zip: _____

Phone: (_____) _____ E-Mail: _____

Relationship to Alateen Member: _____

PARENT/LEGAL GUARDIAN CONSENT

As the parent/legal guardian, I have reviewed the information concerning the 2016 TN AFG Convention and give permission for _____ to attend.

As the parent/legal guardian, I authorize emergency medical treatment for the child named above in the event that I cannot be reached. I agree, should it become necessary to incur any medical expense as a result of illness or injury, that I will accept full responsibility for such expenses.

I hereby release and discharge the Al-Anon/Alateen Family Groups, their representatives, the Alateen Sponsor or AMIAS, and the selected responsible adult from any and all liability, which may result from any injury or illness sustained by said child from any cause whatsoever in connection with this trip, including transportation to and from all related activities.

Further, I believe that this Alateen is physically and mentally capable of taking reasonable precautions to protect his/her safety and the maturity and judgment not to put themselves or others in dangerous situations.

Signature: _____ Date: _____