

Tennessee Area 52 Al-Anon/Alateen **Convention with AA Participation** July 31-Aug 2, 2020

Holiday Inn University of Memphis 3700 Central Ave., Memphis, TN 38111 Ask for "Friends of Lois" rate or Code AAF

Accommodations:

Holiday Inn Suite: 901.678.8200 \$119** - 1 King bed or 2 Double beds plus sofa sleeper (sleeps four or six people) **Plus applicable taxes and fees

Reserve online:

https://www.ihg.com/holidayinn/mem-uofm Deadline for reduced rates is June 30, 2020.



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Convention 2020 Registration form – Please fill out one per person.

Registration is \$25 before 6/30/2020, after 6/30/2020 \$35. Alateen registration is free. Saturday night banquet Registration is \$25 before 6/30/2020, after 6/30/2020 \$30.

Please Print Name _____ Name on Name Tag _____ Address: _____ City: ____ State: ___ Zip: ____ Email: Phone: ☐ Permission to use email for future AFG events. Saturday Night Banquet: Type of registration: \$25 □ Regular □ Vegetarian \$25 □ AL-Anon □ AA on or before 6/30/2020 \$35 Al-Anon/AA after 6/30/2020 Alateen* (free) \$25 on or before 6/30/2020 - \$30 after 6/30/2020 **Donation** (optional): \$_____ for Convention expenses (including registration scholarships), use as needed. Total (registration + banquet + donation): \$ _____ Checks payable to TN Area AFG Convention Mail convention registration form and check to: We are working to offer payment by credit card or TN Area AFG Convention PayPal, so check for updates on other payment options on the Events page at: 1912 Walker Ave. Memphis, TN 38104 http://tn-al-anon.org/ I am willing to help with: ☐ Fund Raising ☐ Publicity ☐ Hospitality ☐ Workshops ☐ Literature □ Entertainments □ Readings (open/close meetings) □ Registrations □ Other _____ For more information, please call 901.229.4412 or e-mail 2020tnafgconvention@gmail.com

^{*}Alateens must have completed and signed permission form. (on back or next page)

Alateen Permission Form

All Alateens MUST be acco	mpanied by an adult with a signed	d Alateen permissio	on form.	
Each Alateen must submit b	ooth sides of this form. Parent (Gu	ıardian) must sign d	consent.	
Must be between ages 12 –	- 19 years old.			
Name: Adult Accompanying Adult:				
Medication/Prescriptions:				
Other accommodations or c	considerations:			
I	PARENT/LEGAL GUARI	DIAN INFO		
Name:	Relationship to Ala	Relationship to Alateen Member		
Address:	City:	State:	Zip:	
Phone ()	E-Mail:			
As the parent/legal guardian, I have reviewed the info Convention and give permission for				
above in the event that I c	ian, I authorize emergency me cannot be reached. I agree, sho a result of illness or injury, I w	ould it become ne	ecessary to incur	
Alateen Sponsor or AMIAS may result from any injury	arge the Al-Anon/Alateen Familis, and the selected responsible a or illness sustained by said chincluding transportation to and f	adult from any and ild from any cause	d all liability, which whatsoever in	
•	Alateen is physically and mer her safety and the maturity a tuations.	•	•	
Signature:		Date:		