

REGISTRATION Mail-in/Email FORM for the REGION 5 ASSEMBLY
November 11-12, 2016, in Merrillville, IN

Name: _____

Name to be on name tag/roster:

Address/City/State or Province/Postal Code:

Phone: _____

Email: _____

Intergroup: _____

How many Region 5 assemblies have you previously attended?

none 1 to 3 more than 3

Indicate your role at this assembly: See * below.

- Representative
 Alternate Representative
 Non-Voting Representative
 Visitor
 Officer/Trustee

If you are registering as a representative (of any type), is this the first assembly at which you have been a *Region 5 representative*?

Yes No

Indicate your first 3 choices for committee

assignment: See * below.

- Bylaws
 Convention (*hosting IGs only*)
 Finance
 Intergroup Outreach
 Newsletter
 Public Information/Professional Outreach
 Twelfth Step Within

If you are currently chairing a Region 5 committee, for which committee are you the chair?

If you are looking for a roommate, indicate:

Male Female

Fill in the appropriate fees: See ° below.

Rep Registration after 10/11/16 \$45 _____

Rep Registration by 10/11/16 \$40 _____

Lunch for a Visitor \$25 _____

Region 5 Handbook \$15 _____

Mailed Packets A,B,&C \$20 _____

Copy of Agenda/Timeline \$0.40 _____

Copy of Bylaws \$0.80 _____

Copy of Policies & Procedures \$1.30 _____

Copy of Convention Guidelines \$0.80 _____

Copy of Standing Rules \$0.20 _____

Other Documents (10¢/page) _____

(Specify what documents) See ° below.

TOTAL DUE: _____

Make checks payable to Region 5.

Paid for by _____

(If payment is not enclosed)

Payment is included for the following people:

(Indicate amount paid for each person.)

Representative Register must be received by November 3, 2016.

Registration forms may either be emailed to:

secretary@region5oa.org

or mailed to:

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

Registration checks (payable to Region 5) should be mailed to the above address.

For more information, refer to Packet A:

** Tips for Region 5 Representatives*

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