

39th Annual Intergroup / Central Office / AAWS / AAGV Seminar

Registration / Questionnaire Form

Please complete this form and mail it along with your **\$159 Registration fee** to:
ICOAA 2024 c/o Las Vegas Intergroup of Alcoholics Anonymous
1515 E. Tropicana Ave., Suite 710
Las Vegas, NV 89119

Make Check Payable to Las Vegas Intergroup

Name: _____ Title: _____

Central Office/Intergroup: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone(s): _____

Email: _____

Website: _____

Registration fee enclosed (\$159) \$ _____

Attended Seminar before? Y or N

If yes, how many have you attended? _____

Willing to Chair a Workshop? (for previous attendees) Y or N

Willing to Secretary a Workshop? Y or N

Willing to serve on the Policy Committee? Y or N

Is a translator needed? Y or N

What language: _____

Topics you would like to have in workshops:

1. _____

2. _____

3. _____

* ALL PRICES IN USD *