



MAIL IN REGISTRATION FORM

Best Western Royal Plaza Marlboro MA Friday Nov 8 - Sunday Nov 10

Name on Badge _____

Home Group _____

Length of Sobriety _____

Need Assistance Hearing/ALS Spanish Translation Mobility Sight

Financial/Scholarship

Add to 12th Step List? Yes No - I am [not] willing to be a 12th Step volunteer

(Add to Volunteer List)

First & Last Name _____

Street Address _____

City or Town _____

State Code _____

Postal Code _____

Phone Number _____

Email Address _____

Convention Fee (required) \$30 (if scholarship assistance not chosen)

Banquet Ticket (optional) \$60

Gluten-Free Meal

Vegan-Only Meal

Scholarship Donation \$ _____

Total Fees \$ _____

Enclose check payable to: *MA State Convention*

Mail completed form to: MA State Convention
PO Box 559
Brimfield MA 01010

Registration Inquiries: registration@aaMAStateConvention.org

General Inquiries: aaMAStateConvention@gmail.com

REGISTRATION FORM MUST BE RECEIVED BY OCTOBER 30