

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	I am WILLING to help with: (check with your HP!)			
Name:	☐ Fund Raising	□ Publicity		
Name on Name Tag:	☐ Hospitality	☐ Workshops		
Address:	☐ Literature	□ Entertainment		
City: State:	☐ Readings (open/close meetings)			
Zip: Phone: ()	□ Other			
Email (for confirmation)				
Type of registration: □ Al-Anon \$20 □ AA \$20 □ Alateen* (free)				
Saturday Night Banquet \$25: ☐ Regular ☐ Vegetarian ☐ Special diet(as available)				
Donation (optional): \$ for □ Convention Expenses □ Registration Scholarship Fund				
Total (registration + banquet + donation): \$	Checks payable to T	N 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 2017 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: