

**Quiet
your
mind**

**Open
your
heart**

**37TH ANNUAL INDIANA AREA AFG CONVENTION-
MARRIOTT COURTYARD - DOWNTOWN
FORT WAYNE, INDIANA
JUNE 8TH, 9TH, AND 10TH, 2012 (details on back)**

Hosted by Districts - 3, 4, 6 and 9



Speakers Include:

David E. (AL) - Chicago IL

Aaron J. (AL) - Charlotte, NC

Susie S. (AL) - Murfreesboro, TN

Pauline W. - (AL) Newport, KY

Mike L. (AA) - Indianapolis, IN

TBA- (Alateen)

REGISTRATION FORM

One Registration form per person please!

Please print full name clearly: _____

Address: _____

Name On Badge: _____

I am a member of (circle): Al-Anon AA Alateen

Is this your first convention: Yes___ No___

Banquet Registrations are due by May 9th, 2012

Convention registration fee: \$20.00_____

Alateen convention only (free): _____

Saturday Night Banquet: \$25.00_____

Total for Registration and banquet enclosed \$ _____

Make checks payable to : Indiana AFG Convention.

Mail completed form and check by May 9th, 2012

AFG 2012 Convention

PMB #223

10214 Chestnut Plaza Drive Fort Wayne Indiana 46814



**Hotel Information: 1150 South Harrison Street Ft Wayne In : Call 1-866-704-6163
Mention Indiana AFG Convention \$89.00 rooms are per night applicable
taxes. Deadline May 9th, 2012.**

**Note: Friday registration @ 3:00 am Saturday Registration 8:00 am
Contacts: 2012ConvChair@indiana-al-anon.org
Chair of Convention Carrie C [REDACTED]**

2012 AFG Alateen Convention Parental Consent Form

Parents: Please read this parental consent form carefully then complete, date and sign it.

Teens: This form must be presented to the Al-Anon State Convention officials with your registration form prior to taking part in any convention activities.

Parental Note: The undersigned parent/legal guardian of the teen listed here, hereby grants to the Al-anon State Convention at the Marriott Court Yard-Downtown while the convention is in session, the right to discipline such teen through any lawful means necessary to assure appropriate behavior in accordance with such uniform rules as the convention committee may agree to be responsible for, and save the committee harmless with respect to charge by the teen for room, board, or any damaged rooms or property done by him/her.

Teens Name: _____

Home phone _____ Parents cell _____

Teen has medical insurance Yes No (circle) Policy # _____

Name of Insurance company: _____

Regular Medication is: _____

I further disignate _____ or _____ as my lawful attorneys for the child above named in case of accident or emergency, asfullly as I myself do, releasing such person(s) from any liability in accordance with his/her best judgment at the time.

I certify my legal authority to execute this document on behalf of the above named child.

Printed Parent Name: _____

Signed Parent Name _____ Date _____