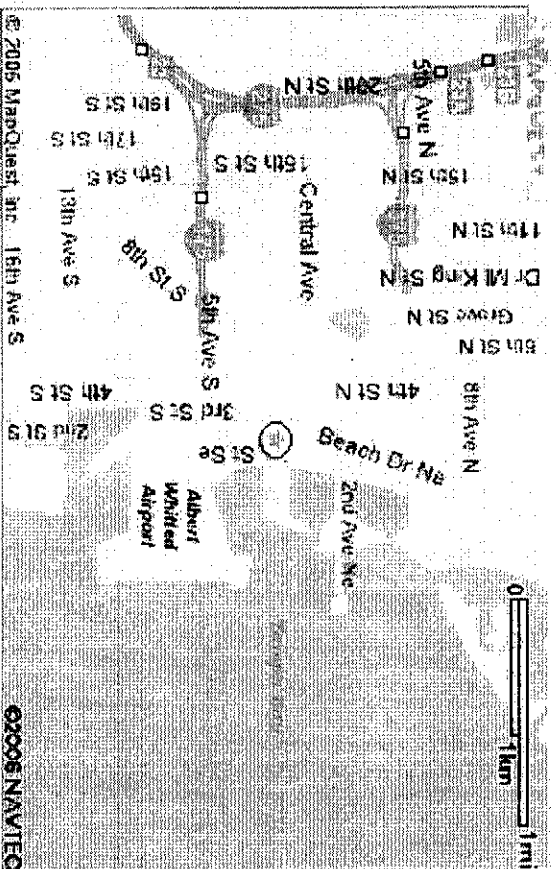


Directions and Map to,  
Hilton St. Petersburg Bayfront  
333 First Street South  
St. Petersburg, FL 33701  
Phone # 1-727-894-5000



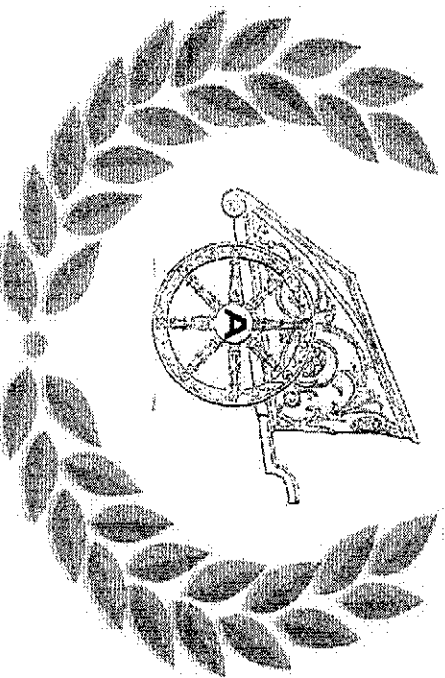
**Directions:** Take I-275 South to Exit 22:  
Interstate 175. The exit will turn into  
5th Avenue south. Follow 5th Avenue  
south to First Street south, turn left,  
Hilton is 2 blocks down on the Left.  
**Directions :** from US 19 ( 34th Street)  
take 1st Avenue South  
right on 2nd Street South  
left on Delmar Terrace South  
left on 1st Street South

## 2009 Annual North Florida Area AFG

### Convention

Hosted by District 5

**A Funny Thing Happened on My**



**Way To Al-Anon**

**September 18th, 19th and 20th**  
**Hilton St. Petersburg Bayfront**  
**333 1st Street South**  
**St. Petersburg, Florida 33701**

**2009 CONVENTION REGISTRATION**

Please Print  
Name \_\_\_\_\_

Name to Appear on Badge \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (include area code) ( ) \_\_\_\_\_

E-mail \_\_\_\_\_

Affiliation: (Circle one) Al- Anon    **\*\*Alateen**    AA    Other

Special Needs \_\_\_\_\_

<b>Banquet \$35</b>	<b>MENU (Circle one)</b>	<b>Breakfast</b>
Vegetable Strudel		Saturday \$12.95
Beef Braised Boneless Short Ribs		Sunday \$12.95
Airline Chicken with Mushroom Demi-Glace		
Grilled Tilapia with Creamy Dill Sauce		

A parking fee of \$5.00 for non-overnight guests.

**Registration**  
**Early \$20** until April 1st    **\$25** after April 1st    **\$30 at the door**  
 Registration Fee    \$ \_\_\_\_\_  
 Breakfast    \$ \_\_\_\_\_  
 Banquet Fee    \$ \_\_\_\_\_  
 Donation for Hospitality    \$ \_\_\_\_\_  
**TOTAL ENCLOSED**    \$ \_\_\_\_\_

Checks and cash only, but please do not send cash in the mail. No credit cards.  
 I would like to help at the Convention  
 Please circle one  
 Boutique    Greeter  
 Hospitality    Literature  
 Raffle    Registration

Committee use only    Confirmation \_\_\_\_\_  
 Registration# \_\_\_\_\_    Date Received \_\_\_\_\_    Check# \_\_\_\_\_

**2009 North Florida Area AFG Convention  
 September 18<sup>th</sup>, 19<sup>th</sup> and 20<sup>th</sup>, 2009**

Registration Instructions

- 1) Complete one Convention Registration form per person
- 2) Make check payable to: 2009 North Florida Area AFG Convention
- 3) Mail to: Terry Roux, 8808 Avondale Ln., Bayonet Point, FL 34667
- 4) To receive confirmation of your convention registration, include a self-addressed stamped envelope or your e-mail address.
- 5) Requests for convention fee refunds must be submitted by writing and post-marked by August 15, 2009, include a stamped self-addressed envelope.
- 6) **\*\*All Alateens (ages 9-17) must be pre-registered by 9/1/09. NO EXCEPTIONS!** Alateens registering must also submit a signed behavioral contract agreement. Additionally, if attending with a sponsor, you must also submit a permission form and medical form along with your registration.

**Hotel Reservation Information**

Hilton St. Petersburg Bayfront  
 333 1<sup>st</sup> Street South  
 St. Petersburg, FL 33701  
 Reservation Telephone # 1-727-894-5000  
[www.slpetersburghilton.com](http://www.slpetersburghilton.com)

Group room rate is \$109.00 per night single and double. Smoking and non-smoking rooms available. Mention North Florida Convention. Cancellations should be made 24 hours prior to arrival to avoid being charged.

**Permission to Attend Al-Anon/Alateen Event  
Florida (N) - Area 9**

I \_\_\_\_\_, hereby grant permission for  
(Parent/Guardian's Name)  
\_\_\_\_\_, to travel to, and take part in  
(Alateen's Name)

\_\_\_\_\_  
(Name of Event) (Location) (Date Information)

under the supervision of \_\_\_\_\_ or \_\_\_\_\_  
(Name(s) Accompanying Adult(s) Involved in Alateen Service)

who is in charge and will at all times make decisions for the best interests of all members of the group.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Alateen's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

County of \_\_\_\_\_ State of Florida

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_, to me known and known by me to be the person who signed the above Authorization and acknowledged to me that (s)he executed the same for the purpose therein stated.

WITNESS my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public

\_\_\_\_\_  
Signature

Seal:

Accompanying Adult(s) Involved in Alateen Service:

_____ (Print)	_____ (Print)
_____ (Sign)	_____ (Sign)
_____ (WSO ID#)	_____ (WSO ID#)

AUTHORIZATION TO OBTAIN MEDICAL CARE

I hereby authorize \_\_\_\_\_ or \_\_\_\_\_, accompanying Adult(s) Involved in Alateen Service, to obtain any medical care necessary for my child (or me) while traveling to and from, and for the duration of \_\_\_\_\_ (Event)

1. Do you have Medical or Accident Insurance? Yes No

If yes, name of Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Name of Insured \_\_\_\_\_

2. Does child (or you) have any of the following diseases or problems?

Please circle those that apply:

Heart Trouble

Low Blood Pressure

Seizures

Asthma

Fainting Spells

Liver Problems

Diabetes

Hives

Hepatitis

High Blood Pressure

Tuberculosis

Other \_\_\_\_\_

3. Is child (or are you) allergic to any medications? Please circle those that apply:

Penicillin

Sulphur Drugs

Local Anesthetics

Aspirin

Sedatives

Other \_\_\_\_\_

4. Does child (or you) have an allergy to any foods, pollens, stings etc? Yes No

If yes, please explain \_\_\_\_\_

Note: If child (or you) currently takes any medication, the accompanying Adult(s) Involved in Alateen Service should be made aware of this, as should the nurse at the event child (or you) attends.

I further hold harmless above noted Adult Involved in Alateen Service, as well as the event attended by my child (or me) should any harm come to my child (or me) as the result of participation in this activity or procurement of medical treatment.

\_\_\_\_\_  
Parent/Guardian Signature (if under 18)

or

\_\_\_\_\_  
Signature (if over 18 years of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

County of \_\_\_\_\_

State of Florida

Before me, the undersigned authority, on this day personally appeared

\_\_\_\_\_, to me known and known by me to be the person who signed the above Authorization and acknowledged to me that (s)he executed the same for the purpose therein stated.

WITNESS my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public

Seal:

\_\_\_\_\_  
Signature