

**39<sup>th</sup> Annual Central Office / Intergroup AAWS / AAGV Seminar  
Registration / Questionnaire Form**

Please complete this form and mail it along with your **\$159 Registration fee** to:

Las Vegas Intergroup of AA  
1515 E. Tropicana Avenue, Suite 710  
Las Vegas, NV 89119

Forms of payment: Zelle, Check (For Credit Card, Register Online)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Central Office / Intergroup: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone(s): \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Registration fee enclosed (\$159) ..... \$ \_\_\_\_\_

Day Trip fee enclosed (see pricing on form) ..... \$ \_\_\_\_\_

TOTAL AMOUNT ENCLOSED .....\$ \_\_\_\_\_

Make checks payable to: Las Vegas Intergroup (Memo: ICOAA 2024)

Zelle Account [LVICOOA2024@LVCentralOffice.Org](mailto:LVICOOA2024@LVCentralOffice.Org)

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

Interested in a Thurs. night meeting at a local group? ..... Y or N

Interested in Thurs. night meeting at the hotel? ..... Y or N

Is a translator needed? ..... Y or N

What language: \_\_\_\_\_

Are you bringing a Guest(s)? \_\_\_\_\_

Topics you would like to have in workshops:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\* ALL PRICES IN USD \*