



49TH ANNUAL WORLD SERVICE BUSINESS CONFERENCE
Half A Century = One World of Growth
 April 26 – May 1, 2010

DELEGATE REGISTRATION FORM

Delegate Registration Deadline: December 28, 2009

Delegate registration will be accepted after this day. However, Conference mailings will not be sent to delegates until they have been properly registered. Conference mailings will be available on the OA Web site.

Please print clearly.

Will Not Be Represented

Service Body Information

Service Body Name	Service Body #
Street or PO Box Address	Region #
City	State/Province
Postal Code	Country
Telephone	Email Address

For Office Use Only – Please do not write within this box!

of Registered Groups _____ As of _____

Bylaws Date (on file) _____ Are Bylaws in Compliance? Yes No

If bylaws are not in compliance, date service body notified _____

Delegate(s) Information

Each delegate must sign in the “Signature” field affirming that he/she is in compliance with OA, Inc. Bylaws, Subpart B, Article X, Section 3 c) 1*. See below.

Qualifications for selection of World Service delegates/alternates shall be set by each intergroup, region (in the case of region delegates) or service board provided that each delegate/alternate shall have at least one year of current abstinence and at least two years of service above the group level. (Permission for any exception in qualifications for valid reasons, if deemed credible by the trustees, may be received by application to the World Service Office.)

Delegate Registration

Delegate Name		Delegate Signature* (required)	
Street or PO Box Address			
City		State/Province	
Postal Code		Country	
Telephone Number		Cell Number	
Email Address		Badge Name	
1) Please choose your distribution method for Conference mailings.		<input type="checkbox"/> Hard Copy	<input type="checkbox"/> Download
2) Would you like to participate in the Green Dot Mentor Program? (Refer to delegate instructions for Green Dot Mentor Program details.)		<input type="checkbox"/> Green Dot	<input type="checkbox"/> Mentor
3) Do you need a roommate? (The WSO will contact delegate re: roommate request.)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
# of roommates _____		Arrival Date _____	Departure Date _____
Special Needs Please list any special needs (i.e. physical disabilities, language barriers, special seating, traveling with guide dog or healthcare professional, etc.). NOTE: Please do not list any special food needs as OA will make every effort to provide abstinent meals during planned meal functions.			

Delegate Name		Delegate Signature* (required)	
Street or PO Box Address			
City		State/Province	
Postal Code		Country	
Telephone Number		Cell Number	
Email Address		Badge Name	
1) Please choose your distribution method for Conference mailings.		<input type="checkbox"/> Hard Copy	<input type="checkbox"/> Download
2) Would you like to participate in the Green Dot Mentor Program? (Refer to delegate instructions for Green Dot Mentor Program details.)		<input type="checkbox"/> Green Dot	<input type="checkbox"/> Mentor
3) Do you need a roommate? (The WSO will contact delegate re: roommate request.)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
# of roommates _____		Arrival Date _____	Departure Date _____
Special Needs Please list any special needs (i.e. physical disabilities, language barriers, special seating, traveling with guide dog or healthcare professional, etc.). NOTE: Please do not list any special food needs as OA will make every effort to provide abstinent meals during planned meal functions.			

Delegate Registration

Delegate Name		Delegate Signature* (required)	
Street or PO Box Address			
City		State/Province	
Postal Code		Country	
Telephone Number		Cell Number	
Email Address		Badge Name	
1) Please choose your distribution method for Conference mailings.		<input type="checkbox"/> Hard Copy	<input type="checkbox"/> Download
2) Would you like to participate in the Green Dot Mentor Program? (Refer to delegate instructions for Green Dot Mentor Program details.)		<input type="checkbox"/> Green Dot	<input type="checkbox"/> Mentor
3) Do you need a roommate? (The WSO will contact delegate re: roommate request.)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
# of roommates _____		Arrival Date _____	Departure Date _____
Special Needs Please list any special needs (i.e. physical disabilities, language barriers, special seating, traveling with guide dog or healthcare professional, etc.). NOTE: Please do not list any special food needs as OA will make every effort to provide abstinent meals during planned meal functions.			

Delegate Name		Delegate Signature* (required)	
Street or PO Box Address			
City		State/Province	
Postal Code		Country	
Telephone Number		Cell Number	
Email Address		Badge Name	
1) Please choose your distribution method for Conference mailings.		<input type="checkbox"/> Hard Copy	<input type="checkbox"/> Download
2) Would you like to participate in the Green Dot Mentor Program? (Refer to delegate instructions for Green Dot Mentor Program details.)		<input type="checkbox"/> Green Dot	<input type="checkbox"/> Mentor
3) Do you need a roommate? (The WSO will contact delegate re: roommate request.)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
# of roommates _____		Arrival Date _____	Departure Date _____
Special Needs Please list any special needs (i.e. physical disabilities, language barriers, special seating, traveling with guide dog or healthcare professional, etc.). NOTE: Please do not list any special food needs as OA will make every effort to provide abstinent meals during planned meal functions.			

Delegate Registration

Delegate Name		Delegate Signature* (required)	
Street or PO Box Address			
City		State/Province	
Postal Code		Country	
Telephone Number		Cell Number	
Email Address		Badge Name	
1) Please choose your distribution method for Conference mailings.		<input type="checkbox"/> Hard Copy	<input type="checkbox"/> Download
2) Would you like to participate in the Green Dot Mentor Program? (Refer to delegate instructions for Green Dot Mentor Program details.)		<input type="checkbox"/> Green Dot	<input type="checkbox"/> Mentor
3) Do you need a roommate? (The WSO will contact delegate re: roommate request.)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
# of roommates _____		Arrival Date _____	Departure Date _____
Special Needs Please list any special needs (i.e. physical disabilities, language barriers, special seating, traveling with guide dog or healthcare professional, etc.). NOTE: Please do not list any special food needs as OA will make every effort to provide abstinent meals during planned meal functions.			

Delegate Name		Delegate Signature* (required)	
Street or PO Box Address			
City		State/Province	
Postal Code		Country	
Telephone Number		Cell Number	
Email Address		Badge Name	
1) Please choose your distribution method for Conference mailings.		<input type="checkbox"/> Hard Copy	<input type="checkbox"/> Download
2) Would you like to participate in the Green Dot Mentor Program? (Refer to delegate instructions for Green Dot Mentor Program details.)		<input type="checkbox"/> Green Dot	<input type="checkbox"/> Mentor
3) Do you need a roommate? (The WSO will contact delegate re: roommate request.)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
# of roommates _____		Arrival Date _____	Departure Date _____
Special Needs Please list any special needs (i.e. physical disabilities, language barriers, special seating, traveling with guide dog or healthcare professional, etc.). NOTE: Please do not list any special food needs as OA will make every effort to provide abstinent meals during planned meal functions.			

PAYMENT INFORMATION

Payment is required in US funds. The fee is \$99 USD for each registered delegate. A \$20 USD non-refundable fee will apply. **No refunds after April 1, 2010.** Please make checks payable to OA WSO.

_____ Delegates @ \$99 USD		Total Fee Enclosed \$ _____		<i>For Office Use Only</i>	
<input type="checkbox"/> Visa		<input type="checkbox"/> MasterCard		<input type="checkbox"/> Discover	
<input type="checkbox"/> Check/Money Order				Total Amount \$ _____	
Name on Card				Check/MO # _____	
Card Number				CC Approval # _____	
Expiration Date		Security Code (3-digit code on back of card)			
Billing Address					
Signature					

Alternate Registration

Alternates may be registered by submitting names below. Payment is not required for alternate registration. Service bodies do not need to register their alternates unless the alternates plan to attend Conference.

NOTE: Alternates do not receive any Conference mailings. At Conference, alternates will receive a badge and an agenda. Delegate binders are not provided to alternates unless alternates are transferred to delegate status. Once transferred to delegate status, the previous delegate will transfer their delegate materials to the new delegate.

Alternate Name		Alternate Signature* (required)	
Street or PO Box Address			
City		State/Province	
Postal Code		Country	
Telephone Number		Cell Number	
Email Address		Badge Name	
Special Needs <i>Please list any special needs (i.e. physical disabilities, language barriers, special seating, traveling with guide dog or healthcare professional, etc.). NOTE: Please do not list any special food needs as OA will make every effort to provide abstinent meals during planned meal functions.</i>			

Alternate Registration

Alternate Name	Alternate Signature* (required)
Street or PO Box Address	
City	State/Province
Postal Code	Country
Telephone Number	Cell Number
Email Address	Badge Name
Special Needs <i>Please list any special needs (i.e. physical disabilities, language barriers, special seating, traveling with guide dog or healthcare professional, etc.). NOTE: Please do not list any special food needs as OA will make every effort to provide abstinent meals during planned meal functions.</i>	

CERTIFICATION

I certify that the delegates and alternates listed on this Delegate Registration form were duly elected by our service body to serve at the World Service Business Conference 2010. These elected delegates and alternates meet the qualifications stated in the OA, Inc. Bylaws, Subpart B, Article X, Section 3 c) 1 as listed on page 1 of this Delegate Registration form.

Name of Service Body Chairman	
Chairman's Signature	
Telephone	Cell
Email Address	

Return this form with:

- ✓ \$99 USD registration fee for each delegate (\$20 USD non-refundable)
- ✓ Signature of service body chairman
- ✓ Signature of delegate(s) affirming qualifications
- ✓ Current bylaws or statement of purpose, if bylaws are not on file (*Call the WSO to confirm bylaws status.*)

OA World Service Office – Sandy Zimmerman, CMP
 PO Box 44020, Rio Rancho, NM 87174-4020 USA
 T (505) 891-2664 F (505) 891-4320 Email: szimmerman@oa.org