

**2008 COCAINE ANONYMOUS WORLD SERVICE CONFERENCE
DELEGATE/ALTERNATE CREDENTIAL REGISTRATION FORM**

**A SEPARATE Delegate Credential Registration Form must be submitted for
EACH Delegate/Alternate attending the Conference.**

Note: In order to offset the high cost of preparing and putting on the conference, we are continuing to institute a \$5.00 registration fee per registrant. Please note, we will not be able to process your registration until this fee is PAID. ONLY checks or money orders (no credit cards) will be accepted for payment. Make these payable to CAWSO. Thank you for your cooperation.

Date: _____, 2008

INFORMATION REQUIRED

Is this information for a DELEGATE or ALTERNATE DELEGATE? (Circle one)

Name (please print clearly): _____

Address: _____

City: _____ State/Province: _____ Zip: _____ Country: _____

Telephone: (____) _____ - _____ Email: _____

Mobile: (____) _____ - _____

Name of Area Represented: _____

Signature of Delegate/Alternate: _____

How do you want your badge at the conference to read? (Please print clearly) _____

Is this person a new Delegate? (Check One) Yes No

**How many votes does this Delegate/Alternate carry?
(Limit 2 per Delegate/Alternate) _____**

**How many meetings are there in your Area? A current meeting schedule,
along with this form, must be sent 120 days prior to the WSC. _____**

**Does the person attending the Conference need to purchase a Delegate
Notebook? (Cost \$20.00.) If yes, you can send a check or money order made
out to CAWSO for \$20.00, or pay for it at the conference. (Check One)
Yes No**

How many Delegates will your Area be sending to the Conference? _____

**How many Alternate Delegates will your Area be sending to the
Conference? _____**

**For returning Delegates, how many Conferences have you attended as a
Delegate? _____**

**Do you know which Committee you would like to serve on? If you checked
yes, please indicate which committee: (Check One)
Yes No**

**If you have email, would you like to receive your delegate mail
electronically? If you checked YES, PRINT your email address below. (Check One)
Yes No**

Would you lead a 12 Step meeting at the Conference? (Check One) Yes No

AREA CHAIRPERSON INFORMATION: (Please print clearly)

Name: _____

Address: _____

City: _____ State/Province: _____ Zip: _____ Country: _____

Telephone: (____) _____ - _____ Email: _____

Mobile (____) _____ - _____

Signature of Area Chairperson: _____

**ALL registration forms need to be completed and mailed to World Service office by MAY 1, 2008.
The Conference Committee appreciates your cooperation in order that the registration process can go
smoothly. Kindly mail ALL forms along with the \$5.00 registration fee to:**

**CONFERENCE CHAIR - DELEGATE REGISTRATION
c/o CAWSO, 3740 OVERLAND AVENUE, SUITE C, LOS ANGELES, CA 90034**