

2008 Cocaine Anonymous World Service Conference

SHARED ROOM REQUEST

Please use this form to notify the Conference Committee if you need to share a room. It is the Delegate's responsibility to make his/her own room reservations. The committee will use this information to assist you in finding a roommate. However, if you do find a roommate on your own, please contact us. Thanks!

*Kindly provide the following information for **each** attendee who needs a roommate at the conference.*

PERSONAL INFORMATION (PLEASE PRINT)

Name: _____

Gender: *(Circle one)* Female or Male

Address: _____

City: _____

State/Province: _____ Zip Code _____

Country: _____

Phone: (_____) _____ - _____

E-mail: _____

Room preference: *(Circle one)* Smoking or Non-Smoking

Have you made your room reservation? *(Circle one)* Yes or No

Hotel arrival date: _____ Arrival time: _____

Hotel departure date: _____ Departure time: _____

Special requests or needs: _____

Signature: _____

Mail with completed registration form for your Area to:
Conference Coordinator – Delegate Registration
c/o CAWSO
3740 OVERLAND AVE. SUITE C LOS ANGELES, CA 90034