



Event Request Form

Please fill in ALL information and include the facility floor plan/layout.

Today's Date _____

Area(s) _____

Anticipated Attendance at Service Event _____

Requested Date _____

Alternate Date(s) _____

Will the TEAM event be held either immediately before or immediately after another event? _____

If so, please describe

Length of event: _____ How many hours (minimum of six)? _____ Over how many days? _____

Facility

Facility Name _____

Address _____

City

State/Province

Zip/Postal Code

Facility Contact Name _____ Telephone (_____) _____

Title _____ Fax _____

E-mail _____

Area Requested Topics of Interest (Please prioritize)

1. _____
2. _____
3. _____
4. _____
5. _____

WSO Presentations

1. WSO Task Force members' 15
minute personal sharings
2. Giving—Our Spiritual Link To Gratitude:
AI-Anon world services in action
3. Trustee Search

Area Signatures

The form must be signed by the Area Delegate and Area Chairperson. If more than one Area is hosting the event, all Delegates and Chairpersons hosting must sign. Unsigned or incomplete forms will be returned unprocessed. After the TEAM event is confirmed by the WSO, the Area Delegate(s), and Area Chairperson(s) will be invited to participate with the assigned WSO Task Force in a conference call regarding the Area topics. The Host Committee Chairperson may also attend the call for information regarding workshop and presentation audio/visual needs.

Area _____

Delegate _____
please print

Chairperson _____
please print

Delegate _____
please sign

Chairperson _____
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Area _____

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Delegate _____
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Host Committee

Host Committee Chairperson _____

Address _____

City

State/Province

Zip/Postal Code

Telephone (_____) _____ E-mail _____