

**2015 Tennessee
Al-Anon/Alateen Convention**

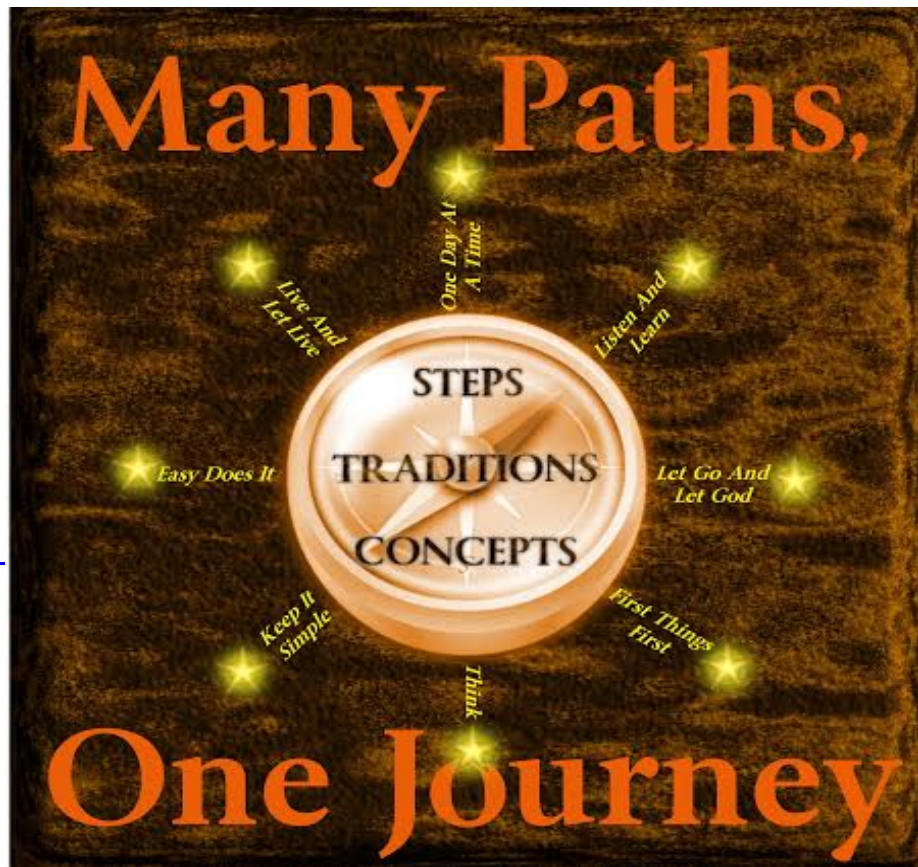
August 14, 15, & 16, 2015

Embassy Suites

Nashville SE Murfreesboro
1200 Conference Center Blvd
Murfreesboro, Tennessee, 37219
(615) 890-4464

www.murfreesboro.embassysuites.com

Ask for "Friends of Lois" rate for
\$139 plus tax per night (includes
breakfast and afternoon snack)
No food allowed in conference area.
Food may be taken to room.
Mini frig and microwave in all rooms.
Restaurants on site and close by.
No hospitality room will be provided.



Registration Fee for Al-Anon/AA Members: \$22 if received by May 31st and \$27 thereafter (Alateens Free) Hotel reservations made separately

Circle one: **Al-Anon Alateen AA**

Alateens must be accompanied by an adult with a signed permission form - see next page.

PLEASE PRINT:

Name: _____ Name on Tag _____

Address: _____

City, State Zip: _____

Phone:_(____)_____

E-mail: _____

Willing to help? yes no

Donation Amount: _____

MAKE CHECKS PAYABLE TO: TN AFG Convention, P.O. Box 11304, Murfreesboro, TN 37129

For more information contact Theresa at newleaf2006@comcast.net or (615) 969-7899

Also you may visit our anonymous Facebook site at <https://www.facebook.com/2015AFGTNConvention>

Alateen Permission Form

Each Alateen must submit both sides of this form. Parent (Guardian) must sign consent.

Name: _____

Adult accompanying the Alateen at event: _____

Medications or prescriptions: _____

Allergies to medicines or foods: _____

Other accommodations or considerations (please attach another sheet if necessary): _____

Parent/Legal Guardian Information

Name: _____

Address: _____

City, State, Zip: _____

Phone: (home) _____ (mobile) _____

Relationship to Alateen: _____

PARENTAL CONSENT

As the parent/legal guardian, I have reviewed the information concerning the 2015 AFG Tennessee Convention and give permission for _____
_____ to attend.

As parent/legal guardian, I authorize emergency medical treatment for the child named above in the event that I cannot be reached. I agree, should it become necessary to incur any medical expense as a result of illness or injury, that I will accept full responsibility for such expenses.

I hereby release and discharge the Al-Anon/Alateen Family Groups, their representatives, the Alateen Sponsor or AMIAS, and the selected responsible adult from any and all liability which may result from any injury or illness sustained by said child from any cause whatsoever in connection with this trip, including transportation to and from all related activities.

Further, I believe that this Alateen is physically and mentally capable of taking reasonable precautions to protect his/her own safety and the maturity and judgment not to put themselves or others in dangerous situations.

Signature _____ Date: _____