



**Native American Indian Alcoholics Anonymous
Convention/Conference/Gathering Registration Form**



Convention/Conference/Gathering name: _____

Location: _____

Address: _____

City/State/ZIP Code: _____

Reservation: _____ Nation: _____

Date: _____

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Start/Stop Time: _____

Point of Contact for the Convention/Conference/Gathering:

Name: _____

Position: _____

Address: _____

City/State/ZIP Code: _____

Telephone Number: _____ E-mail address: _____

Tribal Affiliation: _____

Signature: _____ Date: _____

Please return the completed form to:

NAIGSO, P.O. Box 1253, Lakeside, CA 92040

Telephone (256) 762-0329 E-mail: generalmanager@naigso-aa.org