



PRAASA 2017

Our 50th Anniversary

50 years of empowering the
informed Group Conscience

1968 – 2017

“Supporting Our Future”

Hosted by California Northern Interior Area 07

March 3 – 5, 2017

McClellan Conference Center
5411 Luce Avenue

McClellan Park (Sacramento), CA 95652

Assembly meeting times: Friday, March 3, 1:00 p.m. – Sunday, March 5, 12:15 p.m.

If you need to contact us send an email to:
PRAASA2017@cniia.org

To register online please go to: PRAASA.ORG

Please PRINT – complete one form per person – feel free to make copies of this form

Name: _____

Address: _____

City: _____

State: _____ Zip: _____ Phone: (____) _____ Email: _____

Area: _____

A.A.: ☐

Al-Anon/Alateen: ☐

Friend of A.A.: ☐

Check if this is your first PRAASA: ☐

Please see PRAASA.org for hotel information. Transportation to/from McClellan Conference Center will be provided from the following hotels: Lions Gate, Crowne Plaza Sacramento Northeast, Hampton Inn & Suites Cal Expo, Holiday Inn Express & Suites Cal Expo, and Hilton Sacramento Arden West. If you intend to make use of the shuttle service please check here: ☐

If you need information regarding “Back to Basics Housing”, please check here and you will be contacted: ☐

Special Need/Accessibility: _____ Spanish Translation: ☐



Hearing Impaired/Signing: ☐ **(The deadline for special requests is 01 February 2017)**

Would you like to volunteer to be of service during PRAASA? ☐

A.A. Service Position:

☐ G.S.R. ☐ Alt. G.S.R. ☐ D.C.M. ☐ Alt. DCM ☐ DCMC ☐ Alt. DCMC

Area Officer (specify): _____ Intergroup (specify): _____

☐ Delegate ☐ Past Delegate ☐ Trustee ☐ Past Trustee

Other: (specify): _____

Fees: Registration (\$20.00) _____

Saturday Lunch – Delegate/Past Delegate/Al-Anon (\$35.00) _____

Dijon Chicken ☐ Rosemary Pork ☐ Eggplant Parmesan (Vegetarian) ☐

Saturday Night Banquet (\$48.50) _____

Petite Sirloin ☐ Pistachio Crusted Salmon ☐ Cheese Ravioli (Vegetarian) ☐

Al-Anon Service Position:

Delegate/Officer/District Rep.: ☐ _____

Area/District Coordinator: ☐

Group Rep/Alt. Group Rep: ☐

Other (specify): _____

Mail Registration to: PRAASA 2017, P.O. Box 1843, Murphys, CA 95247-9998 Make checks payable to PRAASA 2017

To pay by credit card: VISA ☐ Master Card ☐ Number: _____

Name on card: _____ Expiration date: ____ / ____ / ____ CVV ____