



## CONFERENCE REGISTRATION FORM

NAME: _____		NAME ON BADGE: _____	
ADDRESS: _____			
EMAIL: _____		PHONE: _____	
EMERGENCY CONTACT: _____		FOOD ALLERGIES: _____	
BANQUET ENTRÉE: _____ BEEF _____ CHICKEN _____ VEGETARIAN			
PRIMARY PROGRAM: _____ AA _____ ALANON _____ CA _____ CMA _____ OA _____ NA _____ Other			

## SCHOLARSHIP APPLICATION SECTION

Scholarship recipients are required to provide of 2 hours of service. The Volunteer Coordinator will contact you to schedule your service.

**Applicant's Statement of Need:**

**Sponsor Name & Phone Number:** \_\_\_\_\_

**Sponsor's Statement of Support:**

**If you are in a position to pay for any portion of this conference, we encourage you to apply for the scholarship that best suits your situation & make a donation to the scholarship fund.**

I am applying for a \_\_\_\_\_ partial scholarship OR a \_\_\_\_\_ full scholarship (limited number available)

I would like to donate \$ \_\_\_\_\_ to the bottomless cup of coffee

I would like to donate \$ \_\_\_\_\_ to the scholarship fund (tax deductible)

**Print & Mail this form to Rocky Mountain Roundup: RMRU \* PO Box 300412 \* Denver, CO 80203**

If you're making a donation: Enclose check/money order payable to: RMRU

OR

Pay online with PayPal at [rockymountainroundup.org](http://rockymountainroundup.org)

**HOTEL ROOMS ARE NOT INCLUDED IN REGISTRATION FEES**

**SPEAKER MEETINGS ARE FREE\*CONFERENCE REGISTRATION IS NOT REQUIRED FOR ATTENDANCE**