REGISTRATION FORM
70th Annual State Conference Convention

October 6-9, 2022

Voting Power...Making Good Trouble

WESTIN HOTEL
located at 2221 Richard Arrington Jr. Blvd., Birmingham, AL 35203

DAILY ROOM RATE: $149.00 Plus Tax  Register on the state website by the cut-off date.
RESERVATION CUT-OFF DATE:  September 16, 2022 by 3:00pm

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Fee</th>
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</thead>
<tbody>
<tr>
<td>I</td>
<td>State Conference Annual Assessment</td>
<td>$300.00 (IF NOT ALREADY PAID)</td>
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<tr>
<td>II</td>
<td>Youth &amp; College State Conference Annual Assessment</td>
<td>$50.00 (IF NOT ALREADY PAID)</td>
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<tr>
<td>III</td>
<td>Branch Registration Fee</td>
<td>$30.00 Per Branch</td>
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<td>IV</td>
<td>Adult Registration</td>
<td>$30.00 Per Person</td>
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<tr>
<td>V</td>
<td>Youth Registration</td>
<td>$20.00 Per Person</td>
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SECTION 1 - CONTACT INFORMATION

(Please provide the name and contact information of the person responsible for advance registration package pickup)

Note: THIS PERSON MUST BE LISTED AS A PAID REGISTRANT ON THIS FORM

NAME:

_________________________________    _______________________________    __________________
Last Name  First Name  MI

Unit Name:_________________________Unit Number_____________ Unit Address: 

City: ____________________________  State: ________  AL  Zip: ____________

Telephone No.: ___________________  Emergency Tel. No  ___________  Fax No.: ______________

Email Address: ___________________
SECTION II – TICKET ORDERS

Workers and Human Rights Breakfast  
Friday Oct 7th - 7:30 a.m. - 8:45 a.m.  
No._____X $Free  
Total_____

Veterans Affairs Luncheon - $40.00  
Friday Oct 7th - 12 – 1:00 p.m.  
No._____X $40.00  
Total_____

WIN Breakfast $25.00  
Saturday, Oct 8th  
7:30 a.m. – 9:00 a.m.  
No._____X $25.00  
Total_____

YOUTH LUNCHEON- $40.00  
Saturday, Oct 8th - 11:30 – 12:30 p.m.  
No._____X $40.00  
Total_____

Freedom Fund Banquet- $55.00  
Saturday Oct 8th - 7:00 p.m.- 9:30 p.m.  
No._____X $55.00  
Total_____

Ticket Totals: _____

SECTION III - DELEGATES

Note: Please Attach Registrant List with Delegates and Observers

Names  No. Adult  _____  _____ X $30.00 = _____

No. Youth  _____  _____ X $20.00 = _____

SECTION IV – TOTALS

ASSESSMENT $________  REGISTRATION $________  TICKETS $________

FORMS and MONEY are DUE BY 9-15-22   *TOTAL AMOUNT Submitted $________

PAYMENT METHOD ___ CHECK ___ MONEY ORDER ___ OTHER ___

SECTION V – WHERE TO MAIL REGISTRATION FORM:

Convention Registration  
Alabama State Conference of the NAACP  
Post Office Box 866 Athens, AL  35612  
Tel:  256-444-1300  email: info@alnaacp.org