



# PRAASA 2025 March 7-9

**Venue:** Egan Center  
555 W 5th Ave, Anchorage, AK

**Hotel:** Anchorage Hilton  
Call 1 (907) 272-7411 and use Group Code, "PRAA"

**Deadline for Hilton PRAASA Rate is February 14, 2025**

**Thursday 7 – 8:30**

Early Bird  
Open AA Mtg.

**Friday NOON**  
PRAASA Orientation

**Friday 1pm**  
PRAASA Opening

**ONSITE** Registration Open: Thursday 4-9pm Friday 7am-8pm Saturday 7am-8pm Sunday 7am-9am  
**ONLINE** Registration, hotel reservations, transportation, and general event information visit:  
**WWW.PRAASA.ORG**

First Name: \_\_\_\_\_

AA Member  AI-Anon  Other \_\_\_\_\_

Last Name: \_\_\_\_\_

This is my first PRAASA!

Your Area Number: \_\_\_\_\_

Name for Badge: \_\_\_\_\_

Your Area Name: \_\_\_\_\_

Address: \_\_\_\_\_

### Service Postion

Apt# \_\_\_\_\_ City: \_\_\_\_\_

<input type="checkbox"/> GSR	<input type="checkbox"/> Alt DCMC	<input type="checkbox"/> Area Officer
<input type="checkbox"/> Alt GSR	<input type="checkbox"/> District Officer	<input type="checkbox"/> Area Committee
<input type="checkbox"/> DCM	<input type="checkbox"/> Delegate	<input type="checkbox"/> Trustee
<input type="checkbox"/> Alt DCM	<input type="checkbox"/> Alt Delegate	<input type="checkbox"/> Past Trustee
<input type="checkbox"/> DCMC	<input type="checkbox"/> Past Delegate	<input type="checkbox"/> Other _____

State: \_\_\_\_\_ Phone: \_\_\_\_\_ Zip: \_\_\_\_\_

Email (please print LEGIBLY): \_\_\_\_\_

### Check For Choices **CALL (260) 577-2272 for REGISTRATION HELP**

x	Registration (1 per form)	\$ 55.00
	Al-Anon Saturday Buffet (all are welcome)	\$ 45.00
	Delegates Only Saturday Buffet	\$ 45.00
	Past Delegates/Past Trustees Only Saturday Buffet	\$ 45.00
	<i>Above 3 meals include vegan options</i>	
	Saturday Dinner <span style="float: right;"> <input type="checkbox"/> Wild Alaska Salmon  <input type="checkbox"/> Flank Steak  <input type="checkbox"/> Vegan         </span>	\$ 59.00
	Check the line for your choice	

After March 3, meals are subject to availability

#### INTERPRETATION NEEDS:

(submit by Feb. 1, 2025)

Spanish  ASL  Other \_\_\_\_\_

#### ACCESSIBILITIES NEEDS:

Hearing  Wheelchair/Scooter

Other \_\_\_\_\_

**Accessibility Help: [accessibility@praasa.org](mailto:accessibility@praasa.org)**

#### VOLUNTEER OPPORTUNITIES:

I am available for a 3-hour shift

I am available as an interpreter  
Spanish\_\_\_ ASL\_\_\_ Other\_\_\_

**TOTAL ENCLOSED: \$ \_\_\_\_\_**

**Make Check Payable To:**  
**Alaska Area Committee PRAASA 2025**

**Mail To:**  
**PRAASA 2025**  
**PO Box 230181**  
**Anchorage, AK 99523**

**Mail-in Registration Deadline: February 14, 2025**

*Refund Policy is at <https://praasa.org/refund>*