

SLC SHERATON
87\$/NIGHT

JUNE 19TH-22NP SWACYPAA ONE

NAME:		MAIL TO: SWACYPAA
ADDRESS:		PO BOX 65831, SLC 84165
CITY, STATE, ZIP:		
PHONE #:	EMAIL:	
SOBRIETY DATE:	I WOULD LIKE TO	D DONATE FOR A NEWCOMER:
☐ I WOULD LIKE TO BE OF SERVICE C2ST: 20\$ TIL 3/21 25\$ TIL 6/1 30\$ THRU CONFERENCE		
I WANT TO OUTREACH SWACYPAA		TOTAL AMOUNT:
DEAF/HARD OF HEARING	NAME ON CARD:	EXP DATE:
ENGLISH TRANSLATOR	CARD NUMBER:	CVC CODE: