

SFAPAL 2019 Membership Training Conference  
December 14 - 17, 2019  
**Commitment Form**

Yes, (PAL NAME) \_\_\_\_\_ PAL would like to attend the training conference and \_\_\_\_\_ (name of voting delegate/ director/staff) will represent our PAL.

And \_\_\_\_\_ PAL is requesting \_\_\_\_\_ (#) additional attendees for the membership training conference.

Please email me at \_\_\_\_\_ @ \_\_\_\_\_

My contact phone number is \_\_\_\_\_

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Family and Friends of PAL are welcome. If you would like to just receive a room only and not attend the training conference please fill out the request below...

Yes, \_\_\_\_\_ (name) of \_\_\_\_\_ PAL/or other affiliation would like to request a room for the dates of (arrival date) \_\_\_\_\_ and (departing date) \_\_\_\_\_, 2019. Additional Guests in my room are:

You may have (1 additional adult) & (2 Children under 18). Any additional guests beyond that will incur a charge of \$25.00 per night per additional person.

Additional Guests in my room are:

Please Print:

Circle One

\_\_\_\_\_ (Name) Adult or Child and \_\_\_\_\_ (Age if under 18).

\_\_\_\_\_ (Name) Adult or Child and \_\_\_\_\_ (Age if under 18).

\_\_\_\_\_ (Name) Adult or Child and \_\_\_\_\_ (Age if under 18).

\_\_\_\_\_ (Name) Adult or Child and \_\_\_\_\_ (Age if under 18).

Email Commitment Form to [info@sfapal.org](mailto:info@sfapal.org)