



- Each chapter is entitled to send two representatives and name up to two alternates
- Each district is entitled to send one representative and name one alternate

CONTACT INFORMATION – PLEASE PRINT LEGIBLY

Email:

CHAPTER INFORMATION

Check if NO representative will be attending:

CHAPTER REPRESENTATIVES:

Phone (cell preferred): () Email:

Phone (cell preferred): () Email:

ALTERNATE CHAPTER REPRESENTATIVES:

Phone (cell preferred): () Email:

Phone (cell preferred): () Email:

To be filled-in by DISTRICT representatives only

Name of BCA FBWA District: _____

Check if NO representative will be attending: _____

Name of District Representative: _____

Phone (cell preferred): (_____)_____ Email: _____

Name of Alternate District Representative: _____

Phone (cell preferred): (_____)_____ Email: _____

Please submit BOTH pages.

We will send an email to the Contact when we have received this form.

Please send completed form by **August 1, 2024** to:

FBWA Conference Registration Committee

c/o Mountain View Buddhist Temple BWA

575 North Shoreline Blvd.

Mountain View, CA 94043-3102

Questions? Please contact us at the following email: mvtb.bwa@gmail.com