

**ARMY FAMILY ACTION PLAN (AFAP)  
CONFERENCE PARTICIPANT REGISTRATION**

**\*Sign up now for the 2008 AFAP Conference (positions are limited\*)**

Please complete the following form and submit to Jen Pagio, West Point AFAP Program Manager, Army Community Service, Building 622, phone (845) 938-3655, fax (845) 938-3319

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

Military/Civilian Rank (if any) \_\_\_\_\_

Unit/ Activity/ Organization: \_\_\_\_\_

*\*family members please include sponsor information\**

Duty/ Job Title: \_\_\_\_\_

Mailing address (*for sending participant resource packet and guide*)  
\_\_\_\_\_  
\_\_\_\_\_

Email address (*optional*)  
\_\_\_\_\_

Telephone: \_\_\_\_\_

**Please select preferred position:**

<input type="checkbox"/> Delegates	<input type="checkbox"/> Recorder
<input type="checkbox"/> Facilitator	<input type="checkbox"/> Issue Support
<input type="checkbox"/> Operations Center	

Plases check the following that apply:

<input type="checkbox"/> Single Soldier (no children)	<input type="checkbox"/> DA Civilian
<input type="checkbox"/> Single Soldier Parent	<input type="checkbox"/> Dual Soldier Parent
<input type="checkbox"/> Married Enlisted Soldier	<input type="checkbox"/> Enlisted Family Member*
<input type="checkbox"/> Married Officer Soldier	<input type="checkbox"/> Officer Family Member*
<input type="checkbox"/> Military Retiree*	<input type="checkbox"/> Family Member of Retiree
<input type="checkbox"/> Reservist*	<input type="checkbox"/> Reservist Family Member
<input type="checkbox"/> Teen Military Family Member (Jr/ Sr High age)	<input type="checkbox"/> Other Affiliation*

\*Free Child Care (must meet eligibility)

Child Development Center CDC 1207

Ages 6 weeks to 5 years

Registration & Reservation required

Proof of current immunization required at registration

call (845) 938-4458

**\*Upon Selection Training Will Be Provided\***