

World Service Conference

3-9 May 2026

Conference Registration & Housing Form

Warner Center Marriott, 21850 Oxnard St, Woodland Hills CA 91367

All conference participants must complete this form.

You can do it online by going to www.na.org or by email to Elaine@na.org.

The WSC is in session from the 3-9 May but there are also pre-conference activities on 2 May including a WSO Open House. Recovery meetings are also held on 2 and 9 May in the evening. NA World Services coordinates the room block for the WSC, regardless of who is paying for the room. All room reservations need to be made by registration form. In order for us to plan effectively, we encourage all conference participants to fill this out as soon as possible. We understand that circumstances may change between now and March 2026 and will work with you. Any question can be directed to Elaine@na.org.

Registration form can be submitted now and no *later* than 4 March 2026

Name of your region/zone: _____

☐ Regional Delegate ☐ Zonal Delegate ☐ Alternate Delegate

I plan to attend the WSC in person ☐ virtually ☐ or not sure yet ☐

My decision is visa-dependent and may change ☐

For delegates only:

My region or zone is assuming all costs for my attendance ☐

My region or zone needs financial assistance for:

travel ☐ room ☐ food and incidentals ☐ all expenses ☐

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State/Province: _____

Country: _____ Zip or Postal Code: _____

Email Address: _____

Cell Telephone: (_____) _____ Home Telephone: (_____) _____

Arrival Date: _____ Departure Date: _____

Check if you need an ADA room: ☐ ADA-compliant Room

SPECIAL REQUESTS (please print clearly) _____

I KNOW WHO MY ROOMMATE IS: Please make sure your roommate completes a reservation form as well. If you (or your roommate) are not being funded by NAWs, you will be asked for a form of payment for your half of the room expense (\$117.00 per night, tax included) upon arrival to the Warner Center Marriott. Please provide us with the name of your roommate:

First Name: _____ Last Name: _____

☐ **I NEED A ROOMMATE (please check box):** If you do not have a roommate, we will do our best to find one for you. If you are *not* being funded by NAWs, you will be responsible for the entire room expense (\$234.00 per night, tax included) if we cannot find a roommate for you. We will notify you if we are not able to place you with a roommate.

If you have not completed this form online, please email it to elaine@na.org.