



AMNESTY INTERNATIONAL USA
ANNUAL GENERAL MEETING 2008

SUBSIDY APPLICATION FORM

DUE: February 8, 2008 to your regional office

Please type in your completed information.

Name:

Address:

City:

State:

Zip:

Phone:

E-mail:

1) What region are you located in? (select one)

Mid-Atlantic

Northeast

West

Midwest

South

2) What best describes your Member/Volunteer Position?

Donor Member

Student Group Leader

School:

Local Group Leader

AI Group number:

Area Coordinator (AC)

Student Area Coordinator (SAC)

Regional Planning Group (RPG)

State Anti-Death Penalty Coordinator (SDPAC)

Co-Group Coordinator

Country/Region:

Steering Committee Member or Advisory Committee

Other (Please specify):

3) Are any of the AIUSA programs above helping to fund your travel to the AGM?

Yes

No

If yes, which program(s)?

4) Will you be attending the AGM Lobby Day on Monday, April 28?

5) When was the last year you attended an AGM?

6) When was the last year you attended a regional conference?

7) **SUBSIDY AMOUNT**

What is the estimated cost for your transportation? \$

What source did you find this cost
(online search engine, travel agent, etc.)

Subsidy requested amount: \$

8) **Please indicate the most reasonable and economic means of transportation.**

Car
Bus

Air
Train

Additional comments for consideration:

PLEASE FAX OR EMAIL COMPLETED FORM TO YOUR REGIONAL OFFICE

<p>Mid-Atlantic Office phone: (202) 544-0200 fax: (202) 546-7142 1-866-A-REGION aiusama@aiusa.org</p>	<p>Mid-West Office phone: (312) 427-2060 fax: (312) 427-2589 1-866-A-REGION aiusamw@aiusa.org</p>	<p>Northeast Office phone: (617) 623-0202 fax: (617) 623-2005 1-866-A-REGION aiusane@aiusa.org</p>
<p>Southern Office phone: (404) 876-5661 fax: (404) 876-2276 1-866-A-REGION aiusaso@aiusa.org</p>	<p>Western Offices Los Angeles Office phone: (310) 815-0450 fax: (310) 815-0457 1-866-A-REGION aiusala@aiusa.org</p>	<p>San Francisco Office phone: (415) 252-1750 fax: (415) 252-8719 1-866-A-REGION aiusASF@aiusa.org</p>

STAFF USE ONLY:

Amount awarded to applicant: \$

Total budgeted subsidy: \$

Date: ____/____/____

Staff Contact (please print): _____

Regional Dir signature: _____