

Celebrating our 75th!

Laurel Highlands Conference

~A Spiritual Experience~

October 16, 17 & 18, 2015

Everyone Welcome!

Registration begins at 3 pm Friday (dinner at 6:00 pm)

Friday Night AA Speaker	8:00 PM	Greg B.	Akron, OH
Saturday Morning AA Speaker	10:00 AM	Catherine B.	Akron, OH
Saturday Afternoon AA Speaker	2:00 PM	Jill McD.	Oakdale, PA
Saturday Night AA Speaker	8:00 PM	Dan L.	Eastlake, OH
Sunday Morning AA Meeting	10:00 AM	all attendees	<i>"God as I understand Him"</i>

Price for the Weekend starts at \$160.00 - Register early please!!!

\$160.00 cost per person (dbl occupancy) includes 2 nights lodging in a comfortable "retreat-style" room (2 twin beds, in-room sink, shared bath), 5 buffet-style meals and all meetings. If available, rooms can be assigned as single occupancy at \$190.00 cost per person. For those commuting or who wish to stay at an area motel the Comfort Inn, Rt. 30, 724-838-7070 or The Inn at Mountain View 724-691-0570 are close by. The registration cost for the 5 meals and all meetings is \$95.00 per person. If there is a specific person that you wish to room with, please indicate their name on the registration form below.

All AA meetings are open, no registration required, although donations are greatly appreciated to help defray conference expenses. Coffee and fellowship before and after all meetings!

Location: Bishop Connare Center, 2900 Seminary Dr. Greensburg, PA 15601 - Bishop Connare Center is located from all points via the Pennsylvania Turnpike Exit #67 and is just off Rt. 30 east....one mile past Westmoreland Mall. **(conference emergency contact no. Bruce A. 412-610-5485)**

For more information please contact a committee member: Bruce A. (724-834-0567), Bob Z. (412-600-2711), Walter N. (440-974-8129), Rich M. (440-221-4473), Mary M. (440-840-1972), Judi M. (412-521-2424), Abby B. (412-215-6959)

Please complete the registration form below, detach and enclose your check or money order payable to: Laurel Highlands Conference and mail to: Bruce A., Box 6, Bovard, PA 15619

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone (s) _____ Email _____

Roommate requested: _____