

77th Laurel Highlands Conference ~A Spiritual Experience~

October 20, 21 & 22, 2017

Everyone Welcome!

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

Friday Night AA Speaker	8:00 PM	Ed T.	Sewickley, PA
Saturday Morning AA Speaker	10:00 AM	Anne T.	Sewickley, PA
Saturday Afternoon AA Speaker	1:30 PM	Charlie M.	Garfield Hts., OH
Saturday Night AA Speaker	8:00 PM	Walter N.	Painesville, OH
Sunday Morning AA Meeting	9:30 AM	all attendees	"God as I understand Him"

Price for the Weekend starts at \$165.00 - Register early please!!!

\$165.00 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 \$195.00 per person. For those who wish to stay at an area motel the Quality Inn, Rt. 30, 724-838-7070 or The Inn at Mountain View 724-691-0570 are close by. The commuter registration cost for all 5 meals and 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 (www.bishopconnarecenter.org) is located from all points via the Pennsylvania Turnpike Exit #67 and is just off Rt. 30 east....one mile past Westmoreland Mall. **(emergency contact no. during the conference is 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. (440-376-3609), Rich M. (440-221-4473), Mary M. (440-840-1972), Dan L. (440-637-6156), Jerry K. (440-251-3508), Lindsay S. (440-391-1663), 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 c/o: Bruce A., Box 6, Bovard, PA 15619

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone (s) _____ Email _____
 Roommate requested: _____