

MINNESOTA NORTH AREA AL-ANON ASSEMBLY

SCHEDULE

10:30 - 11:00	Registration
11:00 - 11:30	Newcomer Orientation Meeting DR Sharing Session
12:00 - 3:00	Assembly
3:00 - 3:30	Break
3:30 - 5:30	Assembly
5:30 - 7:30	Dinner
7:30 - 9:30	Assembly

9:00 - 10:30	Assembly
10:30 - 10:45	Break
10:45 - 12:00	Assembly

MATERIALS NEEDED

Device for access to Internet (laptop/
tablet/phone/etc.).
WSO Service Manual (latest version)
MNA Service Manual (latest version)

REGISTRATION CHAIRPERSON

ASSEMBLY REGISTRATION INFORMATION

Al-Anon

Registration Fee: In-Person Attendance:

Virtual Attendance:

Assembly Banquet Meal:

(NOTE: Guest Meals are the same price)

Registration fees do NOT include lodging unless you enter \$60.00 if staying at the Confidence Learning Center.

Make checks payable to: MN North Area Assembly, District 29 -

Return completed REGISTRATION FORM with Total Registration Fees to the Registration Chair at the above address NO LATER than

ALL GR'S ARE REQUESTED TO ATTEND THE ASSEMBLY IN-PERSON AND BRING THEIR SERVICE MANUAL AND THE MN NORTH AREA ASSEMBLY AL-ANON SERVICE MANUAL

MINNESOTA NORTH AREA AL-ANON ASSEMBLY

LODGING

A **

B

Room Rate: \$

C

D

Room Rate: \$

Room Rate: \$

** Preferred Hotel - Rooms - block expires on

TO GET THE ABOVE ROOM RATES BE SURE TO REFERENCE THE "MN NORTH AREA ASSEMBLY" OR THE HOTEL CODE ASSIGNED BELOW WHEN MAKING YOUR ROOM RESERVATIONS:

REGISTRATION FORM

MINNESOTA NORTH AREA AL-ANON ASSEMBLY

Please complete this form and return it with your registration fee no later than

ASSEMBLY REGISTRATION FEES:

Al-Anon Attendance - In-Person (\$30)

Al-Anon Attendance - Virtual (\$30)

Al-Anon - Banquet Meal (Optional):

Al-Anon - Guest Meal (Optional):

TOTAL REGISTRATION FEES:

Cabin Dorm Room - Sat Night (\$30)

Cabin Dorm Room-Fir Night (30)

Female

Male

Add up all the numbers in all the boxes for your Total Reg. Fees

Make checks payable to: MN North Area Assembly - District 29 - and mail to Registration address as shown on the 1st Page of this flyer.

NOTE: ONLY ONE PERSON PER REGISTRATION. PLEASE PRINT AND COMPLETE ALL REQUESTED INFORMATION.

NAME, First & Last: _____

Email Address & Phone #: _____

District: _____

Group Name: _____

Meeting Day and Time: _____

Is this your 1st Assembly: Yes No

GR, DR, Area Officer, Area Coordinator, Past Delegate, Al-Anon

(Check all that apply)

GR DR Officer _____

Coordinator _____

Past Delegate - Panel _____

Al-Anon Guest

Meal Being Served: _____

If meal is NOT buffet style and more than one choice is listed above, circle the meal you choose.

Depending upon capabilities of the caterer, above requests may not be available, but we will try to accommodate you as best we can. You do need to be aware and prepared that they may not be able to provide you with your request.