



43rd Annual Indiana Al-Anon Convention

Hosted by Districts 1, 2 and 5

"Gifts of Recovery"

May 18 - May 20, 2018

Courtyard Marriott

150 Fairington Avenue, Lafayette, IN 47905

(Hotel Reservation Information on Back of Form)

Speakers:

- *Al-Anon: Betty M., Richmond Heights, OH
- *Al-Anon: David E., Chicago, IL
- *Al-Anon: Linda L., Counce, TN
- *Al-Anon: Denise M., Muskego, WI
- *Alateen: Sophia L., IN
- *AA: John M., Hammond, IN

Workshops:

- *Early Bird: Cherished Gifts of Recovery
- *Can There Be "GIFTS" From Life's Losses?
- *Enjoy the "PRESENT" Amidst the Chaos!
- *Learning to Love Again!

*******Detach and Return With Payment*******

Please Print Full name clearly: _____

Address: _____ Phone # _____

Name on Badge: _____ I am a member of: Al-Anon ___ Alateen ___ AA ___

Is this your first Convention? Yes ___ No ___ E-mail Address: _____

Convention Registration: \$25.00 ___ (Alateen Members do not have a registration fee)

^^^ From the first 100 registrations received two names will be drawn to win a complimentary banquet meal!^^^

All Food Reservations are due by April 27, 2018 **All Registration Fees and Meal Purchases Transferable / Not Refundable**

Friday Night Root Beer Float: \$5.00 ___

Saturday Box Lunch: \$10.00 ___ (sandwich /condiments, chips, apple ice tea or lemonade) Turkey:___ Veggie Wrap___

Saturday Night Banquet: \$35.00 ___ Chef Prepared Buffet of Baked Chicken Breast, beef tips, cucumber salad, tossed salad, linguini, broccoli/cauliflower mix, dinner rolls and a cobbler for dessert. Coffee, iced tea and lemonade to drink.

For special dietary requests, contact Konie H., Convention Chair

Registration:	_____
Root Beer Float:	_____
Box Lunch:	_____
Banquet:	_____
Total:	_____

Make Check Payable to "AFG Convention 2"
Mail with completed Registration Forms to:
Indiana AFG Convention
P.O. Box 34
St. John, IN 46373
Please complete separate reservation for each registrant

Hotel Reservation Information

Reservations may be made directly with the Courtyard Marriott Hotel: **765-449-4800**. Ask for **AFG 2018** room rates.

Reservation Link:

50 Rooms are being held and available on a first come / first served basis **through April 15, 2018**.

King Room: (1 King size bed and Sleeper Sofa) \$119.00 plus tax/gratuity per night. Includes up to (2) hot breakfast vouchers for Saturday/ Sunday

Queen Room: (2 Queen Size beds) \$129.00 plus tax/gratuity per night. Includes up to (4) hot breakfast vouchers for Saturday/ Sunday. Additional breakfast vouchers may be purchased for (\$10) per person/ per day.

*****Each room contains a refrigerator, microwave and coffee maker*****

Breakfast Buffet: Eggs, Breakfast Meat, Breakfast Potatoes on 05.19.18, Biscuits 05.20.18, Oatmeal, Assorted Juices and Fresh Brewed Coffee (Regular only). Hotel to provide breakfast vouchers upon Check-In

*******Please Note All Times are Eastern Standard Time*******

All Speaker and Workshop Sessions are open to all attendees. Name badges are to be worn at all sessions.

Friday: Registration begins at 3:00 pm (Detailed Schedule of Week-End Activities Provided with Registration Packet)

Early Bird Workshop at 4:30pm in the Grand Ballroom

Friday Speaker Session begins at 7:30 pm

Saturday: Registration Opens at 8:00 am

Questions? Please contact us!!
Email: 2018ConvChair@indiana-al-anon.org

*******Complete Form Below and Return for Each Individual Alateen*******

AFG Alateen Convention Parental Consent Form

Parents: Please read the Convention Parental Consent form carefully, complete, date and sign.

Teens: This form must be presented to the Indiana Al-Anon State Convention officials with your registration form prior to you taking part in any convention activities.

Parents Note:

The undersigned parent/legal guardian of the teen listed here, hereby grants to the Al-Anon State Convention at _____ (location) , while the convention is in session, the right to discipline such teen through any lawful means necessary to assure appropriate behavior in accordance with such uniform rules as the convention committee may agree to be responsible for, and save the committee harmless with respect to charge by the teen for room, or board, or any damaged rooms, or property done by him/her.

Teen's name: _____ Home Phone: _____

During the convention the teen will stay at: _____

Name and phone # of parent/guardian: _____

Teen Has: _____ does not have: _____ medical insurance.

Company & Policy number: _____

Regular Medication(s) are: _____

I further designate: _____ or _____ my lawful attorneys in fact to the intent that either of them shall have authority to obtain and consent to needed medical treatment for the child above named in case of accident or emergency, as fully as I myself do, releasing such person(s) from any liability in accordance with his/her best judgment at the time.

I certify my legal authority to execute this document on behalf of the above named child.

Parent /Guardian Signature: _____

Parent /Guardian Printed Name: _____

Date: _____