

REGISTRATION FORM

NOTE: Please send ONE form for EACH PERSON registering!

Additional copies available at www.saportlandmetro.org

ALL REGISTRATION INFORMATION IS STRICTLY CONFIDENTIAL

NAME:		MEMBER
ADDRESS:		<input type="radio"/> S.A. <input type="radio"/> S-ANON <input type="radio"/> S-ATEEN
CITY, STATE, COUNTRY & POSTAL CODE:		
PHONE:	EMAIL:	
PRIVATE ROOM <input type="radio"/> <small>Additional \$60 Per Couple. Cutoff for Private Room OCT 22</small>	RESERVE RV SPOT <input type="radio"/> <small>Mark indicates spot being held</small>	
MEALS - CHECK ONE: Regular Diet <input type="radio"/> Vegetarian Diet <input type="radio"/>		
DO YOU WISH TO AUDITION FOR THE TALENT SHOW? YES <input type="radio"/> NO <input type="radio"/> <small>PLEASE INDICATE SKILL OR TALENT:</small>		
ARE YOU WILLING TO DO SERVICE WORK AT THE RETREAT? YES <input type="radio"/> NO <input type="radio"/>		
ADD MY NAME TO PHONE LIST: YES <input type="radio"/> NO <input type="radio"/>	EMAIL LIST: YES <input type="radio"/> NO <input type="radio"/>	
ARE YOU WILLING TO BE A TEMPORARY SPONSOR? YES <input type="radio"/> NO <input type="radio"/>		

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PLEASE ALLOW ENOUGH TIME FOR PAYMENT TO REACH US

RATES:	ON OR BEFORE 10/01/10	AFTER 10/01/10	PRIVATE ROOM
PLEASE CHECK APPROPRIATE BOX/ES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$145 Per Person	\$165 Per Person	\$60 Add'l Charge
PLANS TO STAY: ON-SITE <input type="radio"/> ON-SITE W/RV <input type="radio"/> OFF-SITE <input type="radio"/>			

MAIL REGISTRATION & PAYMENT TO:

SA Portland Metro c/o Retreat Coordinator
P.O. Box 42483
Portland, OR 97242

SA & S-Anon
Northwest Regional Fall Retreat



NOVEMBER 12-14, 2010

*Aldersgate Camp & Conference Center
7790 Marion Rd. SE - PO Box 16 - Turner, OR 97392
www.aldersgateconferencecenter.org*