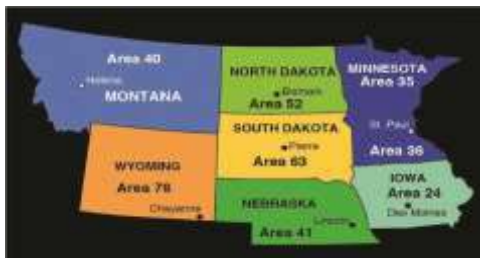


Our Big Book – 80 Years, 71 Languages

2019 West Central Region Alcoholics Anonymous Service Conference



March 1, 2, & 3, 2019
Courtyard by Marriott
 1080 28th Ave. South
 Moorhead, MN 56560
 218-284-1000 for Reservations

For group room rates on or before 1/29/19, mention reservation code WCRAASC.
 One king or two queen beds (\$129.00 + tax).
Other nearby hotels include: Mirco Hotel and Suites by Wyndham 218-284-4022
 Super 8 by Wyndham 218-233-8880 and Baymont by Wyndham 701-476-3900

Airport – Hector Intl 2801 32nd Ave North Fargo, North Dakota 58102 Phone: 701-241-8168

Friday, March 1st	8:30a	General Session 2 – Area 24	7:30p	Open AA Speaker Meeting Greg T.
2:30p				General Manager of GSO
3:30p		“Today’s World Demonstrating Integrity, Anonymity and Service”		
5:30p			8:30p	Break
7:00p			8:45p	GSC Agenda Items IV
	9:15a	Break		
	9:30a	GSC Agenda Items II		
	11:30a	Lunch (on your own)		Sunday, March 3rd
8:00p	1:00p	Breakout Sessions	6:30a	Early Bird Meeting
	2:00p	Break	8:00a	General Session 4 – Area 40 Greg T.
	2:15p	GSC Agenda Items III		General Manager of GSO
	4:30p	Break		
8:45p	4:45p	General Session 3 – Area 52	9:00a	Break
9:00p		“Tomorrows World – Courage to be Vigilant”	9:15a	“Ask It Basket”
		Dinner (on your own)	10:30a	Thank you and Closing
Saturday, March 2nd	6:00p			
7:00a				
8:15a				

Contacts: Jim S. Event Chair (701) 306-9101 – Christine G. Delegate (763) 670-8303

To complete online registration visit: WCRAASC2019.com

Registration Form – Please print clearly

Registration Fee - \$15 Mail to: WCRAASC, PO Box 117 Biwabik, MN 55708

Buffet Meals Fee - \$60.00 (offered for all meals on Saturday and Sunday breakfast)

Preregistration for both must be received by mail postmarked no later than 2/01/2019

(You can also register online for both. (Deadline for meals is February 7th and registration February 17th)

Name _____ Name on Badge _____

Address _____ City _____ State _____

Email _____ Home Group _____

Position (GSR, DCM, etc.) _____ District Represented _____ Area Represented _____

Special Needs Request _____

Phone _____