

# REPACKING YOUR PROGRAM SUITCASE

Sunday, 12 p.m. CDT

## OA MAI 2024 IN-PERSON RETREAT

Hosted by OA Milwaukee Area Intergroup

St. Iakovos Retreat Center, 920 224th Ave., Kansasville, WI 53139  
September 20 – 22, 2024 \* Friday, 6 p.m. – Sunday, 11:30 a.m. CDT



RESPONSIBILITY PLEDGE: Always to extend the heart and hand of OA to all who share my compulsion; for this I am responsible.

### REGISTRATION FORM (updated Aug. 20, 2024) (due by ~~Aug. 20~~ EXTENDED TO SEPT. 1)

Please complete (print or type) and mail with payment to OA MAI, PO Box 270054, Milwaukee, WI 53227.  
If you would prefer to pay by credit card, please indicate below and you will receive a phone call to give that information.

\_\_\_\_\_  
First Name                      Last Name                      Name & Initial Wanted on Name Tag

\_\_\_\_\_  
Street Address                      City                      State                      Zip

\_\_\_\_\_  
Area Code & Telephone (Permission to publish: Y or N)      Email (Permission to publish: Y or N)

Food requirements/allergies other than no refined sugar/flour (ie vegan, vegetarian, gluten free, non-dairy):  
\_\_\_\_\_

\_\_\_\_\_  
Any other special needs of requests/allergies:

\_\_\_\_\_  
Registration options (must choose a room and a food option):

ROOM:

One person per room:

\$287.00 total

Two people per room:

\$151 per person

My roommate is \_\_\_\_\_

I would like to be assigned a roommate.

# REPACKING YOUR PROGRAM SUITCASE

Sunday, 12 p.m. CDT

## OA MAI 2024 IN-PERSON RETREAT

Hosted by OA Milwaukee Area Intergroup

St. Iakovos Retreat Center, 920 224th Ave., Kansasville, WI 53139

September 20 – 22, 2024 \* Friday, 6 p.m. – Sunday, 11:30 a.m. CDT

Three people per room (four rooms available with one double and one twin bed per room; only available if handicapped accessible rooms are not taken by those who need them and both roommates must be identified by all in the room):

\$106 per person

My roommates are

---

\*\*\*If your registered roommate(s) does not attend, you'll need to pay their portion of the room or you can get another roommate.

I/my roommate need a handicapped accessible room (limited to first four requests).

I am signing up for my own room and might consider sharing a room if someone needs a roommate.

MEAL OPTIONS (add to room rate):

\$56 I want to include four meals (3 meals on Saturday, breakfast on Sunday)

\$72 I want to include five meals (dinner on Friday evening, 3 meals on Saturday, breakfast on Sunday)

\$0 I do not want to include meals.

OTHER (please mark all that apply):

I would like a refrigerator in my room.

I'm willing to do service as a \_\_\_ speaker, \_\_\_ activity leader or other

---

I understand there are no refunds, although I can transfer my registration if I cannot attend.

I agree I will not attend if I have any symptoms of COVID or other illness.

I agree to abide by all the rules set forth by the Iakovos Center. If I am asked to leave for any reason, I understand I will not receive a refund.

PAYMENT (mark all that apply):

Donation amount toward scholarships \_\_\_\_\_

I am requesting a partial scholarship (must pay half of your total).

Enclosed amount: \_\_\_\_\_

Please call me to get my credit card information.