55th Annual Tri-State Assembly
AA Conference with Al-Anon participation

August 29, 30, 31, 2008

“Believe In Miracles” *
Chautauqua Institution
“Experience a place like no other”

Information about Chautauqua Institution is available at their website:
www.ciweborg

For information regarding any off-grounds accommodations please contact the Chautauqua County Visitors’ Bureau (CCVB)
Phone 1-800-242-4569 Fax 1-716-357-2284
www.tourchautauqua.com

Meetings and lodging will be available at Bellinger Hall.
Free parking, No gate pass required, Handicap accessible.
Exercise facilities and swimming pool available at no cost.
Registration opens at 2 p.m. Friday Aug. 29 and 9 a.m. Saturday Aug. 30
First meeting 7:30 p.m. Friday August 29, 2008

Registration & map on reverse  * page 132, Alcoholics Anonymous

55th Annual Tri-State Assembly
General Chairperson-Jerry J.;NY 585-682-3215
Co-Chair-Sue S.;OH -216-398-4436
The Chautauqua Institution is located in the southwestern corner of New York State.

From the New York State Thruway (Interstate 90), take exit 60, turn left onto NY-394/North Portage Street. Continue to follow NY-394.

From the Southern Tier Expressway (Interstate 86/Route 17) – if eastbound, take Exit 7 (Panama/Chautauqua Institution), turn left onto CR-33, then right onto West Lake Rd. /NY-394.

Registration Form must be received by August 15, 2008

AA /Al-Anon Conference
August 29-31, 2008

Registration

☐ One person 1 night 3 meals $125.00

☐ Must share room (Saturday only)

☐ On sight registration $25.00

☐ Registration & Banquet $45.00

Weekend Packages (includes registration)

☐ One person 2 nights 5 meals $165.00

☐ Must share room

☐ PRIVATE BATH EXTRA PER NIGHT $11.00

☐ Two people 2 nights $330.00

☐ 5 meals each, One room

☐ PRIVATE BATH EXTRA PER NIGHT $11.00

☐ Single Occupancy 2 nights $215.00

☐ 5 meals advance only

Historical Bus Tour of Chautauqua Institute Saturday 8:30 a.m. _____Yes I will attend _____No thank you

NO REFUNDS

TRANSFERS OK BEFORE CHECK IN

Name: __________________________ Roommate: __________________________

Address: __________________________ __________________________

City, State, Zip __________________________ __________________________

Phone: __________________________ Alternate Phone: __________________________

Banquet Choice

☐ Beef

☐ Chicken

☐ Fish

☐ Vegetarian

☐ Special Needs Diet

Questions??

Diane H., NY 716-438-9622

Mike W., OH 216-253-1299

Terri H., PA 585-682-3215

Please enclose non-refundable payment with registration

Payable to: TRI-STATE ASSEMBLY

Laurie Livingston

3338 W. Oakhill Rd

Jamestown, NY 14701

If you need a confirmation please include a self addressed stamped envelope