

Join us for the 2010
35th Indiana AFG Convention
April 23-25, 2010

Hosted by Districts 1, 2, and 5

http://www.indiana-al-anon.org/

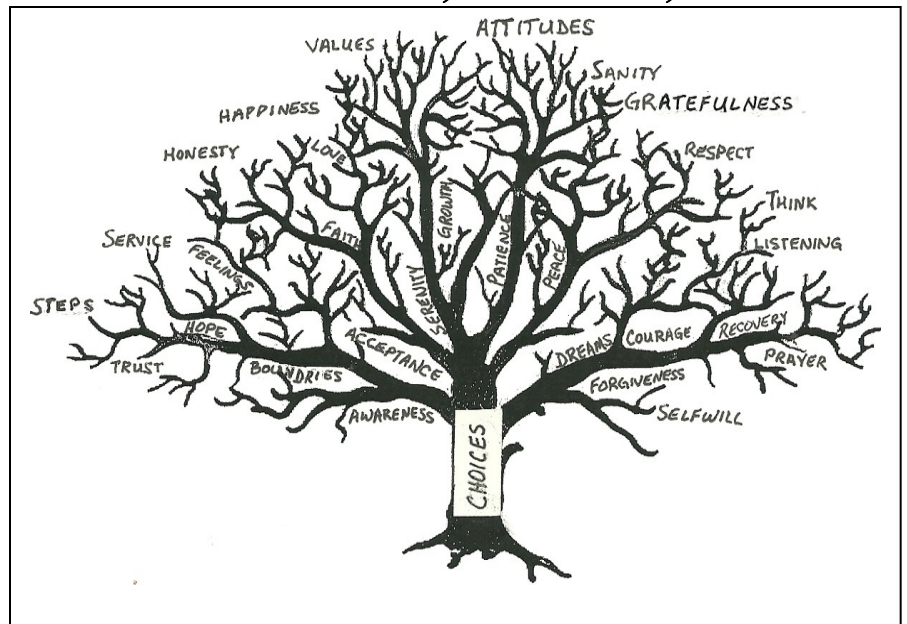
http://www.southshorecva.com/Al-Anon/

Location:

RADISSON HOTEL AT STAR PLAZA
800 E. 81st Avenue Merrillville, IN 46410
219-769-6311

Please note: All meetings are non-smoking!

CHOICES - THE JOY OF THE JOURNEY



Hotel Rates (per night - tax not included):

\$99.00 Per Room, Ask for "AFG Rate."

Easy Handicap Access. Elevators are available.

Make your room reservations early! The Radisson can only guarantee our block of rooms through March 24, 2010.

Rooms may still be available after that date, but the Radisson will be free to sell them to other guests once the cut-off date has passed.

Speakers:

- Beverly B. Dallas, TX Al-Anon
- Karen C. South Bend, IN Al-Anon
- Mike B. Fenton, MI Al-Anon
- Roger K. Columbus, OH Al-Anon
- Kara F. Carmel, IN Alateen
- Hank W. Columbus, OH AA

*****DETACH AND RETURN WITH CHECK*****

Please print full name clearly: _____

Address: _____ City: _____ Phone: _____

I am a member of (circle): Al-Anon AA Alateen Is this your first convention? Yes _____ No _____

Banquet Registrations are due by April 12, 2010

Convention Registration Only (\$20.00): _____ Convention plus Banquet (\$45.00 includes tax and gratuity): _____

Alateens attend the convention for free. Please complete form on back for each Alateen member who will attend.

Alateen Convention Only: _____ Alateen Convention plus Banquet (\$25.00 includes tax and gratuity): _____

The Banquet Entree + salad, beverage and dessert Choices (check one):

Chicken Epicurean with a Mushroom Demi Glaze _____

Chicken Limone with a Tarragon - Lemon Cream Sauce _____

Vegetarian meals/dietary restrictions will be accommodated by request.

Short -Sleeved Convention Shirts:

A heavy weight t-shirt, creamy beige color with chocolate brown Convention logo.

T-Shirts: S to XL are \$15.00 each 2X-3X are \$17.00 each

Size _____ How Many? _____ Cost _____ Total Enclosed: _____

ONE REGISTRATION FORM PER PERSON PLEASE!!!

Make checks payable to AFG State Convention.

Mail completed registration to:

Indiana AFG Convention 2, PO Box 31, Crown Point, IN 46308

Shirt orders ***must*** be placed at least one month prior to Convention. Shirts can be picked up at the Convention.

Directions:

From the North: Take I-65 South to Exit 253, take ramp right for US-30/E 81st Avenue. West toward Merrillville/Schererville 0.7 miles. Turn right onto Rhode Island Street 0.2 miles. Arrive at Radisson.

From the South: Take I-65 North to Exit 253, take ramp right for US-30/E 81st Avenue. Turn left onto US-30 West/ E 81st Avenue 0.5 miles. Turn right onto Rhode Island Street 0.2 miles. Arrive at Radisson.



- Note : Times are Central Daylight Time
- Friday Registration opens at 3:00 pm
- Friday early bird workshop at 4:30 pm
- Friday Speaker Session at 7:30 pm
- Saturday registration opens at 8:00 am
- Dance Saturday evening

Workshops to include:

Acceptance vs. Denial
 Let Go & Let God
 Relationships & Spirituality
 Listen & Learn
 Alateens: Al-Anon's Future

2010 AFG 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 your 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 Radisson Hotel at Star Plaza 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 is: _____

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.

Name: _____ **Date:** _____