

Home Group

District

Area

Region

Conference

Concepts

Traditions

Steps

Grapevine

Finance

Corrections

CPC

Archives

Member

GSR

DCM

Delegate

Trustee

Recovery

Unity

Service

PI

Structure

Treatment

Literature

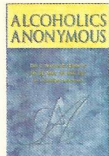
Special Needs

# Eastern Pennsylvania General Service Assembly 58<sup>th</sup> Annual Convention and Assembly

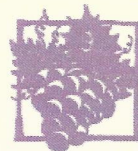
November 13-15, 2015

Lancaster Host Resort  
and Conference Center  
Lancaster, PA

Area Assembly  
GSR Orientation  
Workshops  
Speaker Meetings  
Spanish/Bi-Lingual Meeting  
God As I Understand Him Meeting  
Dance & Ice Cream Social



Conference Approved Literature  
& Grapevine Sales



Spanish Translation, Assisted Listening Service, & ASL Interpretation  
Available for Selected Events During the Weekend



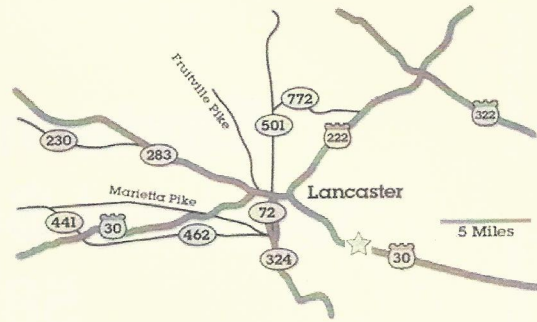
"NOT JUST FOR GSRs"!

\*\*\* This form may be copied \*\*\*

**LANCASTER HOST RESORT &  
CONFERENCE CENTER**

2300 Lincoln Highway East (Route 30)  
Lancaster, PA 17602  
Telephone: 1-800-233-0121

[www.lancasterhost.com](http://www.lancasterhost.com)



**DAY ONLY REGISTRATION FORM**

✂ Send this form with your check or money order (no credit cards accepted) made payable to “EPGSA Convention Committee”

**Mail in deadline: October 30, 2015**

**Mail to: Treasurer, EPGSA Convention,  
128 Bellwood Drive, Upper Holland, PA 19053**

**PLEASE PRINT CLEARLY**

Name: \_\_\_\_\_ Home Group: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ Phone (Day): \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone (Evening): \_\_\_\_\_

- Day Only Pre-Registration (by mail): \$25 per person**  
(includes all convention activities for the entire weekend, *except* the buffet/banquet)
- Day Only Pre-Registration (by mail) & Saturday Buffet/Banquet: \$60 per person**  
(includes all convention activities for the entire weekend *plus* the buffet/banquet)

**PLEASE NOTE:**

**Walk-In Registration in Hotel Lobby (Day only): \$30 per person**

**Walk-In Registration in Hotel Lobby (Day only & Saturday Buffet/Banquet): \$65 per person**

**\*\* Pre-registration preferred; however, walk-ins permitted. Banquet tickets available until noon on Saturday \*\***

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### WEEKEND REGISTRATION

PLEASE PRINT CLEARLY

Send this form with credit card information, check, or money order made payable to "Lancaster Host Resort"

Room Preference (Please check one)		Per-Person Weekend Rate
<input type="checkbox"/> Single		\$410
<input type="checkbox"/> Double	King bed	\$284
<input type="checkbox"/> Double	Two double beds	\$284
<input type="checkbox"/> Triple	Two double beds	\$250
<input type="checkbox"/> Quad	Two double beds	\$227

**The Weekend Package includes:**  
Two nights' lodging, gratuities and taxes  
Two Breakfasts; Two Dinners  
All Convention Activities

Hotel Check in: 4:00 pm  
*Express check-in for members paid in full before arrival.*

Hotel Check out: 11:00 am

**Deposit and registration due by October 23, 2015**  
**\$100 for a single room - \$50 per person for other rooms**  
**No refunds after November 6, 2015**

There will be a \$15 charge, per day, for a roll-away bed.

*Smoking rooms and King beds are limited in number*

Smoking Room Preference (Please check one)	
<input type="checkbox"/> Non-Smoking	<input type="checkbox"/> Smoking

I need a handicapped accessible room

*Note: Each attendee must fill out a separate form*

**Mail to: Lancaster Host Resort, Attn: Reservations, 2300 Lincoln Highway East, Lancaster, PA 17602**

Name: \_\_\_\_\_ Home Group: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Phone (Day): \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone (Evening): \_\_\_\_\_

Roommates' **Full** Names (roommates must *each* fill out a *separate* registration form; for room assignment purposes *only*):

***NO ROOMMATES = SINGLE ROOM RATE!***

Payment:  Check  Money Order  Visa  MC  Amex  Disc Card # \_\_\_\_\_

Signature: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Note: Credit cards will be charged the amount of the deposit upon receipt of reservation.*

I will arrive: Date \_\_\_\_\_ Day \_\_\_\_\_  I will depart: Date \_\_\_\_\_ Day \_\_\_\_\_

**I consent to having my mailing address released to the EPGSA Convention Committee. If yes, sign here:**

\_\_\_\_\_ Date: \_\_\_\_\_

**EASTERN PA GENERAL SERVICE ASSEMBLY  
58<sup>th</sup> ANNUAL CONVENTION/ASSEMBLY  
1 MISTLETOE LANE  
LEVITTOWN, PA 19054**