

Concepts

Eastern Pennsylvania General Service Assembly 62nd Annual Convention and Assembly November 1-3, 2019

Recovery

Traditions

Wyndham Lancaster Resort & Convention Center
2300 Lincoln Hwy E, Lancaster, PA 17602

Unity

Steps

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

Service

Grapevine

Conference Approved Literature & Grapevine Sales
Spanish Translation, Assisted Listening Service, & ASL Interpretation
Available for Selected Events During the Weekend

Public Info

“NOT JUST FOR GSRs!”

Finance

**REGISTRANTS NOT STAYING AT THE WYNDHAM LANCASTER HOST MUST FILL OUT
A PROGRAM REGISTRATION & MEAL FORM AND PAY A REGISTRATION FEE.**

Structure

Corrections

Mail-in Convention/Assembly registration (NO hotel room):

Fill out the *Program Registration & Meal Form* (other side of this page) with check or money order made payable to “EPGSA Convention Committee”.

Registration and payment must be received **by Oct 1, 2019.**

Mail form with payment to: Treasurer, EPGSA Convention
202 E Pine St
Ephrata, PA 17522

OR

Online Convention/Assembly registration (NO hotel room):

Point your browser to: <https://is.gd/4OqWvU>
or scan:



and search for “2019 Convention/Assembly”.
Register online **by Oct 1, 2019** with payment via PayPal or credit card.

Treatment

CPC

HOTEL RESERVATIONS may be made by phone, by fax, by mail, or online. Hotel reservations must be made directly with the Wyndham Lancaster. Room rates include meals and a \$40 Convention registration fee.

Literature

Archives

The number of rooms is limited; they will be assigned on a first come, first served basis.
Be sure to mention “EPGSA” when making reservations by phone or fax. Make all checks payable to “Lancaster Host LLC”.

Please specify “EPGSA” when making reservations by phone or fax:

Phone: (717) 299-5500
Fax: (717) 295-5116

Mail: Wyndham Lancaster Resort
2300 Lincoln Hwy East
Lancaster, PA 17325

Online: <https://is.gd/4OqWvU>
QR code:



Browse to web page and search for “2019 Convention/Assembly”.

Special Needs

PLEASE PRINT CLEARLY

PROGRAM REGISTRATION & MEAL FORM

Name: _____ Phone: _____
 Address: _____ *Email: _____
 City/Town: _____ State: _____
 ZIP: _____ *Email address required in order to receive confirmation.

EVENT REGISTRATION \$40 \$ _____ (REQUIRED: on-site registration will be \$50)
 MEAL REGISTRATION (Optional, price includes all gratuities and taxes)
 Saturday evening buffet banquet \$40 \$ _____ (Banquet seating is limited to 560 and will be sold on a first come, first serve basis.)
TOTAL \$ _____ (Enclose check or money order payable to "EPGSA Convention Committee".)

Please note any dietary restrictions: _____



HOTEL REGISTRATION FORM

Room Choice <small>(Bed choice for multiple occupants strongly encouraged, but not required)</small>	Per-Person, Two-Night Room Rate*
<input type="checkbox"/> Single	\$448.24
<input type="checkbox"/> Double King Bed	\$305.05
<input type="checkbox"/> Double 2 Queen Beds	\$305.05
<input type="checkbox"/> Triple 2 Queen Beds	\$264.72
<input type="checkbox"/> Quad 2 Queen Beds	\$239.00
<input type="checkbox"/> Handicap accessible. Limited number available on a first come, first serve basis.	
Please note any dietary restrictions: _____	

Breakfast on Saturday & Sunday and dinner on Friday & Saturday are included in room rates.

Hotel Check-in: 4:00 PM
 Hotel Check-out: 11:00 AM

*One registration form per room.
 Two-night minimum stay.*

*\$100 deposit per room required at time of reservation.
 Final payment is required at check-in.
 Advance payment not required but will speed up check-in.*

You will be charged the room rate shown to the left based on the number of registered guests actually in the room!

*Includes Convention registration fee of \$40 per person

Name: _____ Phone (Day): _____
 Address: _____ Phone (Eve): _____
 City/Town: _____ State: _____ ZIP: _____
 Arrival: _____ *Day of week, MM/DD/YYYY* Departure: _____ *Day of week, MM/DD/YYYY*

Roommates' Full Names (listing roommates will speed up registration)

Roommate 1: _____
 Roommate 2: _____
 Roommate 3: _____
 Other requests: _____

Payment information (enclose check or money order payable to "Lancaster Host LLC", or fill out credit card information and sign):

Check Money order Credit Card #: _____ Exp Date: *MM/YYYY*
 Signature: _____