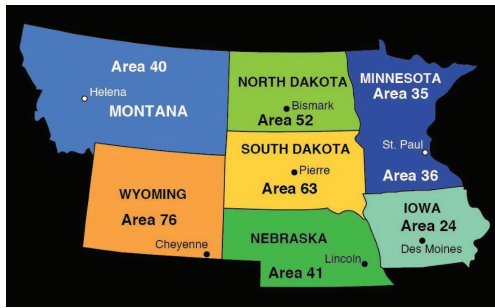


AA – A Solution for All Generations

2018 West Central Region Alcoholics Anonymous Service Conference



March 2, 3, & 4 – 2018

West Des Moines Marriott

1250 Jordan Creek Pkwy

West Des Moines, IA 50266

515-267-1500 for Reservations

For group room rates on or before 2/15/18, mention reservation code WCRAASC. One king or two queen beds (\$107.00 + tax).

Other nearby hotels include: Fairfield Inn & Suites (515) 225-6100, Residence Inn (515) 267-0338, Courtyard (515) 223-9800, and SpringHill Suites (515) 223-9005

For transportation from Des Moines International Airport (DSM) to West Des Moines call West Des Moines Marriott to arrange a shuttle ride to the hotel.

Friday, March 2nd		9:00a	General Session 2 – “Participation in All of AA: Is My Triangle Balanced”	7:30p	Open AA Speaker Meeting – Clement C. (GSO)
2:30p	Registration				
3:30p	Early Bird Meeting				
7:00p	Opening and Welcome	9:45a	Break	8:45p	Break
	Meet the Delegates/ Area Highlights Meet the Trustee/Report	10:00a	GSC Agenda Items II	9:00p	GSC Agenda Items IV
8:00p	General Session 1 – “Today’s Alcoholic, Inclusion not Exclusion”	11:30a	Lunch (on your own)		
		12:45p	Breakout Sessions		
8:45p	Break	1:45p	Break		
9:00p	GSC Agenda Items I	2:00p	Breakout Sessions		
		3:00p	Break		
		3:15p	General Session 3 – Attraction not Promotion: A.A.’s Relation to the World		
			Break	8:45a	Break
Saturday, March 3rd		4:00p	Break	9:00a	“Ask It Basket” and
7:30a	Early Bird Meeting	4:15p	GSC Agenda Items III		General Session 5 –
8:45a	Opening and Welcome	6:00p	Dinner (<i>on your own</i>)		with the Trustees

Sunday, March 4th

7:00a Early Bird Meeting
 8:00a General Session 4 – AA Technology: Where Innovation meets the Traditions
 8:45a Break
 9:00a “Ask It Basket” and General Session 5 – with the Trustees

Contacts: Wanda P. (515) 554-6866 – Dan G. (641) 485-6731

To complete online registration visit: <https://wcraasc.cheddarup.com>

Registration Form – Please print clearly

Registration Fee – \$15 Mail to: WCRAASC., PO Box 367, Des Moines, IA 50302

Preregistration must be received by 2/19/2018

Name _____ Name on Badge _____

Address _____ City _____ State _____

Phone _____ Email _____ Home Group _____

Position (GSR, DCM, etc.) _____ District Represented _____ Area Represented _____

Special Needs Request _____