



28th Annual CDA Serenity Weekend May 4 – May 6, 2018



JOIN CHEMICALLY DEPENDENT ANONYMOUS FOR A WEEKEND OF FELLOWSHIP AND FUN AT ATLANTIC SANDS HOTEL, 101 N. BOARDWALK, REHOBOTH BEACH, DE 19971 (www.atlanticsandshotel.com).

Friday Afternoon

4:00 pm Registration

Saturday Morning

7:00 am Eye Opener Meeting
10:00 am Speakers Meeting

Sunday Morning

8:00 am – 10:00 am Breakfast
10:00 am Speakers Meeting

Friday Evening

7:30 pm Speakers Meeting
9:00 pm Ice Cream Social

Saturday Evening

7:30 pm Speakers Meeting
9:00 pm Entertainment

All Weekend

Weekend & Marathon Meeting
Schedules will be available
at the Registration Area

RESERVE YOUR ROOM DIRECTLY WITH THE ATLANTIC SANDS HOTEL (800.422.0600). *WHEN BOOKING A ROOM, GIVE THE HOTEL "CODE 8295" TO RECEIVE OUR DISCOUNTED RATES* (RESERVATIONS MUST BE MADE BY MARCH 16, 2018 TO GUARANTEE THESE RATES). Specific room requests will be subject to availability at check-in.

Per Night Room Rates:

\$145.00 single or double occupancy; \$160.00 triple occupancy; \$175.00 quadruple occupancy

Registration Form – Please mail by March 31, 2018 (REGISTRATION FEE IS \$75.00 AT THE DOOR)

Name(s): _____ Address: _____

City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

\$65.00 per person **advance** registration fee (**NON-REFUNDABLE**) includes all Weekend Activities (hotel room charges are separate). There are **NO** partial registrations. A Registration is required to attend any of the Speakers Meetings/Ice Cream Social/Entertainment/Breakfast Buffet.

Number of registrations at \$65.00 each \$ _____

Serenity Weekend Sponsorship Fund Donation (voluntary) \$ _____

T-Shirt Orders \$ _____

Number of adults attending Sunday Breakfast Buffet _____

Number of children attending Sunday Breakfast Buffet _____

- 10 & Over Years of Age (\$10 each child) _____
- 6 to 9 Years of Age (\$5 each child) _____
- 5 Years of Age and Under – FREE _____

Total Amount for Children's Breakfast Buffet \$ _____

GRAND TOTAL AMOUNT ENCLOSED \$ _____

T-SHIRTS			
	Size	Qty.	Cost
Short Sleeve \$15	_____	_____	= \$ _____
Long Sleeve \$20	_____	_____	= \$ _____
TOTAL COST: \$ _____			

MAKE CHECKS PAYABLE TO CDA
MAIL TO: Melissa Gott
4505 Sellman Rd
Beltsville, Md 20705

SCHOLARSHIP REQUEST – MUST RECEIVE REQUESTS BY APRIL 1, 2018 **SCHOLARSHIP RECIPIENTS WILL BE NOTIFIED ON APRIL 15, 2018**

Name: _____ Phone: _____ Email: _____

PLEASE CHECK ONE OF THE FOLLOWING:

Registration/Partial Registration _____ **Hotel Room *** _____ **Registration and Room *** _____

* **Non-refundable \$25.00 contribution is required when requesting a bed in a scholarship room.**

There will be 4 people in each scholarship room.