



29th Annual CDA Serenity Weekend May 3 – May 5, 2019



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
Game Night

Saturday Evening

7:30 pm Speakers Meeting
Scavenger Hunt/Prizes

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 9098" TO RECEIVE OUR DISCOUNTED RATES* (RESERVATIONS MUST BE MADE BY APRIL 2, 2019 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 April 2, 2019 (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/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 \$ _____

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

GRAND TOTAL AMOUNT ENCLOSED \$ _____

SCHOLARSHIP REQUEST – MUST RECEIVE REQUESTS BY APRIL 1, 2019
SCHOLARSHIP RECIPIENTS WILL BE NOTIFIED ON APRIL 15, 2019

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.