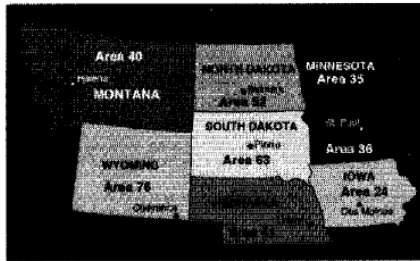


AA – A Solution for All Generations

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		8:45p Break
3:30p Early Bird Meeting	9:45a Break	9:00p GSC Agenda Items IV
7:00p Opening and Welcome	10:00a GSC Agenda Items II	
Meet the Delegates/ Area Highlights Meet the Trustee/Report	11:30a Lunch (on your own)	
8:00p General Session 1 – “Today’s Alcoholic, Inclusion not Exclusion”	12:45p Breakout Sessions	Sunday, March 4th
8:45p Break	1:45p Break	7:00a Early Bird Meeting
9:00p GSC Agenda Items I	2:00p Breakout Sessions	8:00a General Session 4 – AA Technology: Where Innovation meets the Traditions
	3:00p Break	8:45a Break
	3:15p General Session 3 – Attraction not Promotion: A.A.’s Relation to the World	9:00a “Ask It Basket” and General Session 5 – with the Trustees
Saturday, March 3rd	4:00p Break	
7:30a Early Bird Meeting	4:15p GSC Agenda Items III	
8:45a Opening and Welcome	6:00p Dinner (<i>on your own</i>)	

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 _____