



NAME _____
ADDRESS _____

CITY _____
STATE, ZIP _____
PHONE _____
EMAIL _____
CHURCH _____

Join us as we connect the extravagance of chocolate with the extravagance of God's love and grace. You'll grow closer to friends, deepen your relationship with Jesus, and be lavished with love. Together we'll enjoy meaningful devotions, chocolaty activities, and lots of sweet fun

October 28-29, 2011
Holiday Inn (formerly Crowne Plaza)
1 Bright Meadow Blvd.
191, Exit 49 Enfield, CT

Friday program:
7:00 PM – 9:00 PM
(Registration begins at 4:30 PM)
Dinner is on your own!

Saturday program:
8:30 AM – 3:00 PM

NOTE: Hotel reservations should be made directly with the hotel. Mention booking for LWML Retreat.

Holiday Inn, Enfield, CT • 860-741-2211

ROOM RATE:

Single, double, triple or quad occupancy
including full, hot buffet breakfast + gratuity \$95 + tax

ROOM RATES AND AVAILABILITY
CANNOT BE GUARANTEED AFTER 10/15/10

Ingathering 2011

You are invited to bring items for the residents of the Veterans Home in Holyoke, MA. Socks, underwear briefs and adult-sized incontinence wear are all needed.

Is this your first retreat? Yes? No?

REGISTRATION FEE:

EARLY BIRD postmarked by 9/27/11 \$40

LATE REGISTRATION from 9/27-10/28/11 \$45

First-time registrants \$5 off w/coupon

Registration includes luncheon on Saturday.

MAKE CHECKS PAYABLE TO LWML-NED
CHECKS WILL BE HELD UNTIL 10/21/11

SEND CHECKS AND REGISTRATIONS TO:

Nancy Fischer
80 Echo Drive
Vernon, CT 06066-5907
860-872-8029

PLEASE CIRCLE LUNCHEON CHOICE FOR SATURDAY:

GRILLED CHICKEN WRAP — Honey Dijon dressing, lettuce, tomato, red onion, cole slaw, chips, & deli pickle.

ROAST BEEF AND BOURSIN — Lettuce, tomato, red onion, French roll, cole slaw, chips & deli pickle.

3. **CHEF'S SALAD** — Ham & turkey roulades, Swiss & Cheddar cheese, boiled egg, balsamic vinaigrette dressing, cole slaw, chips & deli pickle.

All meals include coffee, iced tea and freshly baked cookies.



FIRST TIMER'S COUPON
SAVE \$5.00

FIRST TIME ATTENDEES:

Receive \$5.00 off the registration fee for the LWML-NED Retreat

October 28-29, 2011 in Enfield, Conn.

Coupon must be submitted with registration form.



HEALTH AND EMERGENCY INFORMATION FORM

PERSONAL INFORMATION

Name _____
Home Phone _____ Date of Birth _____
Address _____
City, State, Zip _____

EMERGENCY INFORMATION

Whom should we notify in case of an accident or medical emergency?
Please list two persons with different addresses who are not members of LWML.

Name _____
Home Phone _____ Relationship _____
Address _____
City, State, Zip _____

Name _____
Home Phone _____ Relationship _____
Address _____
City, State, Zip _____

MEDICAL INFORMATION

PRIMARY PHYSICIAN:

Name _____
Address _____
City, State, Zip _____
Phone _____

Do you have any health conditions (i.e. allergies, chronic conditions, etc.), special circumstances, or medications which should be known about prior to emergency treatment?

YOUR SIGNATURE

DATE

**COMPLETED FORM must be sent along with registration form and payment to
Nancy Fischer, 80 Echo Drive, Vernon, CT 06066-5907**