

PENNSYLVANIA TEAM KEYSTONES OF RECOVERY

Mail-in Registration Form

Date: Saturday, September 24, 2016 – 9:00 A.M. to 4:30 P.M.

Location: Comfort Suites, Carlisle, PA

Name: _____

Address: _____

City, State, Zip: _____

Contact Phone Number: _____

E-mail address (if available): _____

Cost: \$25.00

Make checks payable to: Lanc-Leb Al-Anon, Dist 22

Mail to: Beth R.

2074 Springhill Furnace Road

Smithfield, PA 15478

Tel: 724-323-4324

DEADLINE TO REGISTER: WEDNESDAY, SEPTEMBER 7, 2016