

OA Tidewater Intergroup invites you to.....

# Beach Retreat 18

**"Grab Hold of Recovery"**



April 16, 17, & 18  
Quality Inn & Suites  
8<sup>th</sup> Street & Atlantic Avenue  
Virginia Beach, VA

**Come spend the weekend and experience the 3Rs**

- **Reinforce** your program - Meetings, workshops and activities  
*"Rarely have we seen a person fail who has thoroughly followed our path."*
- **Relax** by the ocean – Oceanfront rooms with a beautiful view, microwave, refrigerator, private balconies; indoor and outdoor pools, private massage sessions  
*"We relax and take it easy, we don't struggle."*
- **Recover** with others - Saturday night dance with DJ Ted, Hospitality Room, Open Sharing  
*"We are not a glum lot, we insist on enjoying life."*

# Beach Retreat 18

**REGISTRATION DEADLINE – MARCH 27, 2010**

**NO onsite Registration**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Single Occupancy               | \$285.00   | } Includes 2 nights lodging<br>Breakfast, lunch, dinner and dance on Saturday<br>Breakfast on Sunday |
| <input type="checkbox"/> Double Occupancy               | \$190.00   |  |
| <input type="checkbox"/> Triple Occupancy               | \$160.00   |  |
| <input type="checkbox"/> Quadruple Occupancy            | \$150.00   |  |
| <input type="checkbox"/> Day Trippers                   | \$80.00 - (Includes dinner and Saturday night dance) |  |
| <input type="checkbox"/> Saturday Dinner and Dance Only | \$40.00  |  |

Please find me a roommate.

**\*\*We will match you with one roommate; we cannot match you with a Triple or Quad.**

All registrations must be made through Estelle A and not the hotel. **There is an additional \$25 charge for any payments received after March 27, 2010. Absolutely no refunds after March 27, 2010.**  
For more information regarding the retreat please contact:

Estelle A – (757) 539-2657 – est731@aol.com  
Susan K – (757) 461-0180 – susan.kosiek@cox.net  
Laurie – (757) 489-3975 – laurie.oleary26@yahoo.com

## REGISTRATION FORM



Please complete and return with payment

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Roommate \_\_\_\_\_

Roommate's Telephone \_\_\_\_\_ Email \_\_\_\_\_

Special Needs:     Vegan                       Smoking Room                       Handicap Accessible

Make checks payable to OA and send to:

Estelle A  
1104 Pitchkettle Farm Lane  
Suffolk, VA 23434

**\*\*We are making a We Care List of all attendees. Would you like your phone # and email included?**

YES

NO