

NAABOD 2017 Biennial Meeting/Conference

July 14 – 19, 2017

"Benedictine Values & Practices: Tools for Living, Tools for Life"

Presenters

Sister Mary Reuter, OSB
St. Benedict's Monastery, St. Joseph, MN

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Reverend Rene McGraw, OSB
St. John's Abbey, Collegeville, MN

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Sister Theresa Schumacher, OSB
St. Benedict's Monastery, St. Joseph, MN

Location:

St. Scholastica College
1200 Kenwood Ave
Duluth, MN 55811
(218) 723-6000

Registration:

- Participation in all sessions and conference materials
- 5 Nights lodging. Linens and towels are provided.
- Meals

Registration Information:

Complete the following registration form and mail along with payment to:

NAABOD 2017 Conference
c/o Sr. Edith Bogue, OSB (email: edithosb@duluthosb.org)
St. Scholastica Monastery
1001 Kenwood Ave
Duluth, MN 55811

Please duplicate registration form as needed for representatives of your Monastery and your Oblates.

NOTE: Each Monastery may bring 2 oblates and all Oblate Directors (Associate, Affiliate, & Assistant).

"Early Bird Rate" Registration Postmark Deadline: April 30th 2017
Additional \$50 fee charged for registrations postmarked after the deadline.

If you have further questions, please contact:
Sr. Bonita Gacnik, OSB, President of NAABOD
bgacnik@mtmc.edu or 605-760-2741 (cell phone)





Registration Form



PLEASE TYPE OR PRINT LEGIBLY

- Oblate Director
- Associate Director
- Oblate

Name: _____ Male _____ Female _____

Monastery: _____ City/State/Zip _____

Your Address: _____ City _____ State _____ Zip _____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

Fax: _____ Email: _____

Emergency Contact Name: _____ Phone: _____ Relationship: _____

May we give out your contact information to NAABOD 2015 participants: Yes ___ No ___

Address: Yes ___ No ___ Email: Yes ___ No ___ Phone: Yes ___ No ___

ARRIVAL & DEPARTURE INFORMATION

I will arrive by: car: ___ shuttle: ___ (Fly to Minneapolis & take shuttle to Duluth)

I will arrive on Date: _____ at Time: _____ a.m./p.m. CDT

SPECIAL NEEDS

Diabetic menu ___ Vegetarian ___ Veg ___ Other _____

Please specify other special accommodations that you will require: _____

Vehicles will be available for moving about the campus for those who have difficulty walking.

BANQUET MENU (Please check one)

- Roasted Sirloin Steak
- Crisp Pork Belly
- Rainbow Trout
- Amish Chicken
- Parmesan Flan

REGISTRATION FEES (Fee includes room, meals, socials, and conference materials.)

Apartment – Each apartment contains 4 single rooms, toilet, sink, shower, living room, and kitchenette (with refrigerator).

	POSTMARK BEFORE April 30 th	POSTMARK AFTER April 30 th	
<input type="checkbox"/> Apartment – Single	\$680	\$730	\$ _____
<input type="checkbox"/> Apartment – Double	\$450	\$500	\$ _____
Roommate: _____			
<input type="checkbox"/> Apartment – Triple	\$360	\$410	\$ _____
Roommates: _____, _____			
<input type="checkbox"/> Apartment – Quad	\$330	\$380	\$ _____
Roommates: _____, _____, _____			
<input type="checkbox"/> Commuter Registration	\$215	\$265	\$ _____
(Registration fee includes meals, breaks, socials, and conferences.)			

PAYMENT INFORMATION

- Minimum non-refundable deposit of \$100 due with each registration.
- Payments accepted by check or money order.
- Make payable to NAABOD.

Total Amount Due:	\$ _____
Amount Enclosed:	\$ _____
Balance Due upon arrival:	\$ _____