

NAABOD 2022 Biennial Meeting/Conference
August 4-9, 2022
“Weaving St. Benedict’s Way of Life into the Future”

Presenters

Father Thomas Gricoski, OSB
Saint Meinrad Archabbey, Saint Meinrad, IN

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Sister Judith Sutera, OSB
Mount St. Scholastica Monastery, Atchison, KS

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Sister Anita Louise Lowe, OSB
Monastery Immaculate Conception, Ferdinand, IN

Location:

Saint Meinrad Archabbey Guest House and Retreat Center
200 Hill Dr.
Saint Meinrad, IN 47577
(800) 581-6905

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 2022 Conference
c/o Sr. Priscilla Cohen, OSB (email: priscillacohen@hotmail.com)
Sacred Heart Monastery
916 Convent Road NE
Cullman, AL 35055

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: May 30, 2022
Additional \$50 fee charged for registrations postmarked after the deadline.



ADDITIONAL INFORMATION

If you have further questions, please contact:
Sr. Priscilla Cohen, OSB, NAABOD PRESIDENT
priscillacohen@hotmail.com or 205-617-2512 (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 2022 participants: Yes ___ No ___
Address: Yes ___ No ___ Email: Yes ___ No ___ Phone: Yes ___ No ___

ARRIVAL & DEPARTURE INFORMATION

I will arrive by: car: ___ Date _____ Time (a.m./p.m. CDT) _____

Flight Information (fly into Louisville, KY or Evansville, IN)

Airport _____

Arrival: Airline _____ Flight # _____ Date _____ Time _____

Departure: Airline _____ Flight # _____ Date _____ Time _____

_____ I will need transportation to and from the airport: **(Additional payment of \$50 round trip)**

DIETARY RESTRICTIONS _____

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

Each room has private bath.

	POSTMARK BEFORE May 30 th	POSTMARK AFTER May 30 th	
<input type="checkbox"/> Single	\$590	\$640	\$ _____
<input type="checkbox"/> Double (per person)	\$440	\$490	\$ _____
Roommate: _____			
<input type="checkbox"/> Commuter Registration (Meals and Conference Participation)	\$175	\$225	\$ _____

PAYMENT INFORMATION

- Minimum non-refundable deposit of \$100 due with each registration.
- Make check payable to NAABOD and mail to:
Sister Priscilla Cohen, OSB
Sacred Heart Monastery
916 Convent Road NE
Cullman, AL 35055

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