

**NAABOD 2024 Biennial Meeting/Conference**  
**July 5-9, 2024**  
**Saint Benedict Center. Schuyler, NE**  
*Carrying Wisdom across the threshold.*

**Presenters**

Sister Marielle Frigge, OSB  
Sacred Heart Monastery, Yankton, SD

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

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Abbot Joel Rippinger, OSB  
Marmion Abbey, Aurora, IL

**Location: Saint Benedict Center. Schuyler NE**

**Registration:**

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

**Registration Information:**

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

NAABOD  
c/o Fr. Meinrad Miller, OSB (email [mmiller@benedictine.edu](mailto:mmiller@benedictine.edu))  
St. Benedict's Abbey  
1020 N. 2<sup>nd</sup> St.  
Atchison, KS 66002

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, 2024**  
**Additional \$50 fee charged for registrations postmarked after the deadline.**

**ADDITIONAL INFORMATION**



If you have further questions, please contact:  
**Fr. Meinrad Miller, OSB**, NAABOD PRESIDENT  
[mmiller@benedictine.edu](mailto:mmiller@benedictine.edu) or (913) 370 0616 (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 2024 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 Omaha International Airport)

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)**

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

Each room has private bath.

- |  |       |       |          |
|--|-------|-------|----------|
| <input type="checkbox"/> Single                | \$550 | \$600 | \$ _____ |
| <input type="checkbox"/> Double (per person)   | \$400 | \$450 | \$ _____ |
| Roommate: _____                                |       |       |          |
| <input type="checkbox"/> Commuter Registration | \$175 | \$225 | \$ _____ |
| (Meals and Conference Participation)           |       |       |          |

**Dietary Note:** The kitchen doesn't prepare special diets, though there is a healthy variety to choose from. You are welcome to bring own food.

### Room Needs

- Handicap accessible
- Difficulty walking long distances
- Need a recliner in room

### PAYMENT INFORMATION

- Minimum non-refundable deposit of \$100 due with each registration.
- Make check payable to NAABOD and mail to:  
Father Meinrad Miller, OSB  
St. Benedict's Abbey  
1020 N. 2<sup>nd</sup> St.  
Atchison, Ks 66002

<b>Total Amount Due:</b>	\$ _____
<b>Amount Enclosed:</b>	\$ _____
<b>Balance Due upon arrival:</b>	\$ _____