

# MRCNA 36

## Trust the Process



**RESERVE YOUR SPOT AT THE SHERATON  
GRAND RAPIDS AIRPORT HOTEL &  
CONFERENCE CENTER**  
*5700 28th Street SE, Grand Rapids, MI 49546*

|                         |           |              |
|-------------------------|-----------|--------------|
| Hotel/Hospitality:      | Dave W.   | 616-295-7027 |
| Programming:            | Brooke B. | 616-710-6956 |
| Convention Chair:       | John W.   | 231-590-1750 |
| Talent Show:            | Milena K. | 517-917-4004 |
| Meditation Room:        | Tisha R.  | 616-328-2410 |
| Tickets & Registration: | Jim N.    | 616-666-9854 |

**Thursday, June 30 through Sunday, July 3, 2022**

Call hotel (during regular business hours) for MRCNA reservation, rate of \$119 per night:  
**616-957-1770**

### Previous MRCNA convention banners to be auctioned at Saturday night Banquet!

Pre-Registration Payment options  
Scan QR or Visit:  
<https://squareup.com/store/mrcna>



Check  
**OR** Payable to: **MRCNA**  
Mail to: MRCNA 36, PO Box 184  
Belmont, MI 49306

Retain this portion for your records

|                                                      | Price   | Send this portion with check |                |
|------------------------------------------------------|---------|------------------------------|----------------|
|                                                      |         | Quantity                     | Total          |
| Pre-registration after 6/1/22<br>(\$35 @ the door)   | \$30    | _____                        | \$_____        |
| NA Game Show:<br>Friday 7/1/22 9PM-10:30 PM          | \$10    | _____                        | \$_____        |
| NA Musical Meeting:<br>Saturday 7/2/22, 2 PM-3:30 PM | \$10    | _____                        | \$_____        |
| Bundle Both Shows                                    | \$15    | _____                        | \$_____        |
| Banquet & Banner Auction<br>Saturday 7/2/22 5:30 PM  | \$35    | _____                        | \$_____        |
| Newcomer Donation (optional)                         | \$_____ |                              |                |
| <b>Grand Total Enclosed</b>                          |         |                              | <b>\$_____</b> |

Check if you are willing to serve in any of the following (\*clean time required)

Hugger (\*1 day)       Serenity Guide (\*6 months)       Workshop Chair (\*6 months)  
 Marathon Chair (\*6 months)       Workshop Speaker (\*3 years)       Main Speaker (\*5 years)

Additional Needs:  Visual       Mobility       Hearing       Other (describe: \_\_\_\_\_)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_