

February 5th
thru
February 8th

2015

SPACE COAST ROUND UP

Tim T.

Brooklyn, OH.

Cushing P.

Montgomery, AL.

Crockett H.

Columbia, S.C.

Georgia B.

La Crescenta, CA.

Kaye G. (AFG)

Wylie, TX.

Jennifer H.K.

Plano, TX.

“...ROCKETED INTO A FOURTH DIMENSION”

ROUND-UP REGISTRATION

\$30/person thru Jan 11th 2015

\$35/per person thereafter.

http://www.aaspacecoast.org/roundup_2015.htm

See Flyer back for details

HOTEL RESERVATIONS

Radisson Resort at the Port

8701 Astronaut Blvd.

Port Canaveral, Florida 32920

Room Rate: is \$99.00 + tax

1(800)333-3333 or 321-784-0000

www.radisson.com P.A.C. Code # BIGRU

Six really terrific speakers! AA. and AL-ANON workshops & meetings, Sobriety Countdown, Hospitality Suite, Extras include Saturday Evening Banquet Buffet with the Speakers, other fun events, On-Site Recovery Store, Souvenirs, Mugs and 50/50 raffle. Call Brevard Intergroup for more info at (321) 724-2247 or visit aaspacecoast.org

Cut off registration form below and mail with check payable to: **Brevard Intergroup, Inc.**
720 E. New Haven Avenue, Suite #3,
Melbourne, FL 32901.

For registration, additional information or questions call (321) 724-2247 or (321) 633-0052. or FAX: 321-724-8574



REGISTRATION INFORMATION

FULL NAME _____

BADGE NAME _____

ADDRESS _____

CITY/STATE _____ ZIP _____

PHONE (____) _____
 (Please use additional registration forms for additional participants.)

2015 SCRUB EARLY REGISTRATION

Through and including January 11th, 2015

AA # AL-ANON

_____ + _____ X \$ 30.00 = _____

Scholarship Donation X \$ 30.00 = _____

Banquet Buffet (per person) X \$ 35.00 = _____

Total Amount (enclosed or charged) \$ _____

CREDIT CARD INFORMATION

Name on Card: _____

Card Number: _____

Expiration Date (MM/YY): _____

Security Code: _____

Signature: _____

2015 SCRUB REGISTRATION

From January 12th, 2015

AA # AL-ANON

_____ + _____ X \$ 35.00 = _____

Scholarship Donation X \$ 35.00 = _____

Banquet Buffet (per person) X \$ 35.00 = _____

Must be paid on or before February 7th, 2015 noon

Total Amount (enclosed or charged) \$ _____