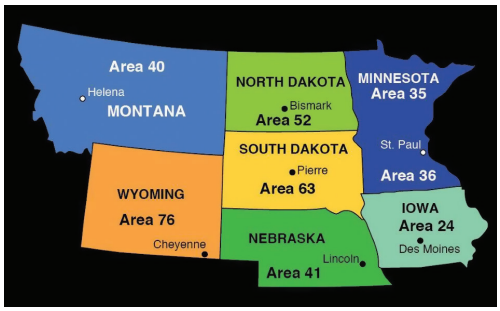
AA – A Solution for All Generations

2018 West Central Region Alcoholics Anonymous Service Conference



March 2, 3, & 4 – 2018

West Des Moines Marriott
1250 Jordan Creek Pkwy
West Des Moines, IA 50266
515-267-1500 for Reservations

For group room rates on or before 2/15/18, mention reservation code WCRAASC. One king or two queen beds ($107.00 + tax).

Other nearby hotels include: Fairfield Inn & Suites (515) 225-6100, Residence Inn (515) 267-0338, Courtyard (515) 223-9800, and SpringHill Suites (515) 223-9005

For transportation from Des Moines International Airport (DSM) to West Des Moines call West Des Moines Marriott to arrange a shuttle ride to the hotel.

Friday, March 2nd

2:30p	Registration
3:30p	Early Bird Meeting
7:00p	Opening and Welcome Meet the Delegates/ Area Highlights Meet the Trustee/Report
8:00p	General Session 1 – "Today's Alcoholic, Inclusion not Exclusion"
8:45p	Break
9:00p	GSC Agenda Items I

Saturday, March 3rd

7:30a	Early Bird Meeting
8:45a	Opening and Welcome
9:00a	General Session 2 – "Participation in All of AA: Is My Triangle Balanced"
9:45a	Break
10:00a	GSC Agenda Items II
11:30a	Lunch (on your own)
12:45p	Breakout Sessions
1:45p	Break
2:00p	Breakout Sessions
3:00p	Break
3:15p	General Session 3 – Attraction not Promotion: A.A.'s Relation to the World
4:00p	Break
4:15p	GSC Agenda Items III
6:00p	Dinner *(on your own)*
7:30p	Open AA Speaker Meeting – Clement C. (GSO)
8:45p	Break
9:00p	GSC Agenda Items IV

Sunday, March 4th

7:00a	Early Bird Meeting
8:00a	General Session 4 – AA Technology: Where Innovation meets the Traditions
8:45a	Break
9:00a	"Ask It Basket" and General Session 5 – with the Trustees

Contacts: Wanda P. (515) 554-6866 – Dan G. (641) 485-6731

To complete online registration visit: https://wcraasc.cheddarup.com

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Registration Form – *Please print clearly*

Registration Fee – $15 Mail to: WCRAASC., PO Box 367, Des Moines, IA 50302

Preregistration must be received by 2/19/2018

Name _____ Name on Badge _____

Address _____ City _____ State _____

Phone _____ Email _____ Home Group _____

Position (GSR, DCM, etc.) _____ District Represented _____ Area Represented _____

Special Needs Request _____