

# 70<sup>th</sup> Annual Tri-State Assembly

AA Conference with Al-Anon participation

**September 27-29, 2024**

[www.tristateassembly.org](http://www.tristateassembly.org)

**Bellinger Hall Retreat & Conference Center  
Chautauqua Institution, Chautauqua, NY 14722**



**Bellinger Hall Retreat & Conference Center** is situated directly on the grounds of **Chautauqua Institution**. It offers a relaxed and modest resident hall atmosphere with comfortable accommodations. Linens are provided. You might want to bring a small fan as rooms are not air conditioned (meeting areas are though) and an alarm clock. Free parking, no gate pass required and handicapped accessible. Snacks for our hospitality table are welcome!

**Check-in time on Friday is 3:00 p.m. with dinner at 6:00 p.m.**

**Check-out time on Sunday is 12:00 Noon**

**Circle your choice**

Registration and/or meals		Weekend Packages (registration, lodging and meals)	
On-site registration – meals & lodging not included	<b>\$25.00</b>	<b>Double Occupancy</b> Two persons 2 nights 5 meals Shared room with shared bath  <b>*Private bath extra \$11/night/room</b>	<b>\$375.00</b> per room
Registration with 5 meals (no lodging)	<b>\$130.00</b>		<b>\$397.00</b> per room
Registration with Saturday lunch and banquet only (No lodging)	<b>\$75.00</b>	<b>Single Occupancy</b> One person 2 nights 5 meals Private room with shared bath  <b>*Private bath extra \$11/night/room</b>	<b>\$265.00</b> per room
<b>Handicapped Bathroom Required _____</b>			<b>\$287.00</b> per room

**Historical Bus Tour of the Institute – Friday at 4:15 p.m. -> \$11/person (pre-paid) \_\_\_\_\_ Number of participants**

**TOTAL AMOUNT \$ \_\_\_\_\_**

**Registration will not be accepted without roommate's name**

Name: \_\_\_\_\_ Roommate: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*We will try to accommodate most dietary restrictions when properly notified.  
If special foods are required, they can be brought in by the guest or will be charged extra accordingly.*

Dietary restrictions: \_\_\_\_\_

Submit completed registration form with non-refundable payment by **September 13, 2024**, to:

Laurie Livingston  
3338 W. Oak Hill Rd  
Jamestown, NY 14701  
716-484-7079 or [livingla3@aol.com](mailto:livingla3@aol.com)

**Banquet Choices**  
select one

- \_\_\_ Beef
- \_\_\_ Chicken
- \_\_\_ Salmon
- \_\_\_ Vegetarian

**Make checks payable to: Tri-State Assembly**

**If you need confirmation, please include your email address.**

*For questions, contact:*

Conference Chair	Jack T.	814-779-9773	Co-Chair – Helen S.	716-531-8420
PA Chairpersons	AA – Freddie B.	814-449-0973	Al-Anon – Steven P.	814-392-3510
Ohio Chairpersons	AA – Karen S.	440-840-3884	Al-Anon – Colleen F.	440-855-6881
NY Chairpersons	AA – Shannon G.	716-622-7225	Al-Anon – Mollie M.	814-730-0480