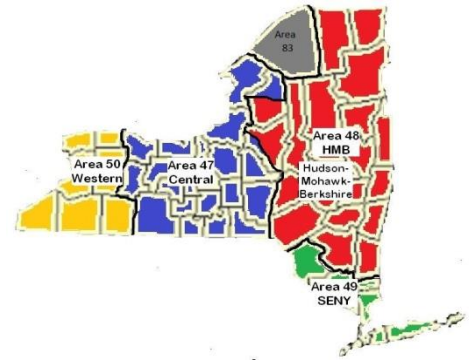


39th Annual New York State Informational Workshop July 27-29, 2018



Hosted by HMB Area 48

At

**Mohawk Valley Community College
1101 Sherman Drive, Utica, NY**

Pre-Registration deadlines online or by mail:
July 13 – Weekend package
July 20 – No lodging, registration & meals only

Online registration available February 1
Go to aahmbny.org
And follow the links for NYSIW

On-Site Registration begins Friday, July 27 at 3pm

What is the NYSIW?

A service weekend each summer that rotates between the 4 service areas (47, 48, 49 & 50) in NYS where trusted servants and committee chairs can meet to exchange information and ideas on how to effectively carry the message to the still sick and suffering alcoholic.

Anyone in service, whether at the group, district or area level, as well as anyone interested in learning more about service is welcome to attend.

Friday & Saturday 8:00p
Speaker Meetings open
to all members
A 7th Tradition basket
will be provided for
Non-registrants

Weekend package includes registration, 2 nights lodging*,
Friday dinner, Saturday breakfast, lunch & dinner, Sunday breakfast
*Lodging is suite style; each suite has a common area, 1 shared bathroom,
1 single bedroom and 2 double bedrooms each with 2 single beds.

\$180 – single occupancy
\$170 – double occupancy

Please specify suite mates and/or
roommate preferences, if any

A la carte meals are also available for day registrants

All meals are buffet/cafeteria style – Saturday night dinner is barbecue themed

A full menu can be viewed online at aahmbny.org

Questions: email nysiw@aahmbny.org

**Spanish Translation will be
available upon request**

Weekend Package:

Single Occupancy \$180 _____
Double Occupancy \$170 _____

Registration & Meals
(No lodging): \$90 _____

Or A la carte:

Weekend Registration \$20 _____
Saturday only \$15 _____

Friday Dinner \$20 _____
Saturday Breakfast \$10 _____
Saturday Lunch \$15 _____
Saturday Dinner \$20 _____
Sunday Breakfast \$10 _____

Total Enclosed: \$ _____

Name: _____ Phone _____

Address: _____ State _____ Zip _____

Email: _____
(please print clearly to receive a receipt)

Service Position: _____ District _____ Area _____

Badge Name Preference: _____

Dietary or Accessibility needs: _____

*Lodging Preferences: _____

**Make check or money order payable
to "HMB Area Association"
Mail with registration form to:
NYS Informational Workshop
PO Box 91
New Hartford, NY 13413**