



**Mid-Atlantic JACS**

Invites you to our 10<sup>th</sup> Annual Mini-Rretreat.  
A Jewish Retreat Weekend for all Jews and family members in or seeking Recovery

**December 25-26, 2009**

**Crowne Plaza Baltimore North**

**2004 Greenspring Drive**

**Timonium, Maryland 21093**

**410-252-7373**

Spiritual Sharing, Sabbath Services, Meditation, Workshops, Rabbis' Forum, Informal meetings with Rabbis of all denominations. AA/NA/Al-Anon/Nar-Anon Meetings, Jewish and 12 Step Fellowships.

Mid-Atlantic JACS Retreats are planned and led by JACS members and Rabbis, and are intended only for recovering Jews and significant others to explore values and spiritual resources within Judaism that may support and strengthen their continuing recovery. The anonymity of every participant will be respected. Retreats are not treatment programs, nor do they promote or endorse any single approach or institution in the treatment of the disease of addiction.

**PROGRAM:**

**Registration will begin at 3:00 P.M. on Friday. The program will conclude at midnite Saturday night. Hotel check out is Sunday at 12 noon.**

**REGISTRATION:**

MID-ATLANTIC JACS MEMBERSHIP:  
2009 Annual Dues: \$50-Family, \$36 Ind.

**RETREAT FEES:**

(Includes food, lodging, gratuities and registration). Full payment must accompany registration.  
All Participants must be 2009 Mid-Atlantic JACS members.

Hotel, Double occupancy, per person...\$275  
Hotel, Single occupancy, per person.....\$375

**ECONOMIC STIMULUS PACKAGE**

***Early registration paid in full with membership by November 10th will receive \$100 discount per person. (No additional scholarships are available!)***

Late fee after 12/1... \$25  
Cancellation fee ...\$75.00  
Fees for returned checks.....\$30

No refunds made after December 11<sup>th</sup>.

Dietary Laws strictly observed. Attendance at the retreat is limited to persons over the age of 18, with exception of nursing infants in arms. No pets allowed.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
E-mail \_\_\_\_\_

List all 12 step programs you attend: \_\_\_\_\_

Is this your first time at any JACS retreat? \_\_\_\_\_

I would like to lead a program, meeting or workshop? \_\_\_\_\_

I would like to room with \_\_\_\_\_

(Circle one) I am  am not  a Sabbath observer

Special needs: Handicap  Dietary

Circle One: Single  Double

Retreat \$ \_\_\_\_\_

Membership \$ \_\_\_\_\_

Disc./Addit. Fee Required\$ \_\_\_\_\_

Donation to Scholarship Fund(tax deduct)\$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Checks should be made payable to Mid-Atlantic JACS written on US Dollar accounts.

Detach and mail this form and payment to

Mid Atlantic JACS P.O. Box 15016

Baltimore, MD. 21282-5016

More info: 410-358-1444 and leave message or

Email [JACSBaltimore@yahoo.com](mailto:JACSBaltimore@yahoo.com) Fax to:

410-358-1631

Credit card # \_\_\_\_\_

Exp Date \_\_\_\_\_

Circle: VISA  MC