NAABOD 2015 Biennial Meeting/Conference
July 10 – 15, 2015
Nurturing Benedictine Spirituality: From Theory to Practice

Presenters
Sister Karen Joseph, OSB
Monastery of the Immaculate Conception, Ferdinand, IN
Abbot Jerome Kodell, OSB
Subiaco Abbey, Subiaco, AR
Sister Macrina Wiederkehr, OSB
St. Scholastica Monastery, Fort Smith, AR

Location:
Subiaco Abbey
405 N. Subiaco Avenue
Subiaco, AR 72865
(479) 934-1000

Registration:
- Participation in all sessions and conference materials
- 5 Nights lodging. Linens and towels are provided.
- Meals

Registration Information:
Complete the following registration form and mail along with payment to:

NAABOD 2015 Conference
c/o Fr. Mark Stengel, OSB
Subiaco Abbey
405 N. Subiaco Avenue
Subiaco, AR 72865

Please duplicate registration form as needed for representatives of your Monastery and your Oblates.

NOTE: Each Monastery may bring 2 oblates and all Oblate Directors.

“Early Bird Rate” Registration Postmark Deadline: April 30th 2015
Additional $50 fee charged for registrations postmarked after the deadline.

If you have further questions, please contact:
Sr. Bonita Gacnik, OSB, President of NAABOD
bgacnik@mtmc.edu or 605-760-2741 (cell phone)
### Registration Form

#### PLEASE TYPE OR PRINT LEGIBLY

Name: ____________________________________  Male_____ Female_____

Monastery: ______________________________  City/State/Zip __________

Your Address: ____________________________________  City ________________  State ___  Zip __________

Day Phone: ____________________  Evening Phone: ___________________  Cell Phone: _______________

Fax: ______________________  Email: _______________________

Emergency Contact Name: ___________________________  Phone: ____________  Relationship: __________

May we give out your contact information to NAABOD 2015 participants:  Yes ___  No  ___

Address:  Yes ___  No  ___  Email:  Yes ___  No ___  Phone:  Yes ___  No ___

### ARRIVAL & DEPARTURE INFORMATION

I will arrive by:  car: ___  airplane:  ___ (Fly into Fort Smith, AR airport)

I will arrive on Date:  ______________  at Time:  ______________a.m./p.m. CDT

Airline:  ________________  Flight Number:  ______________  Flight Arrival Time CDT:  ___________

Airline:  ________________  Flight Number:  ____________  Flight Departure Time CDT:  __________

### SPECIAL NEEDS

- Diabetic menu ____  Vegetarian ___  Veg ___  Other ______________________

Please specify other special accommodations that you will require: _________________________________

Vehicles will be available for moving about the campus for those who have difficulty walking.

### BANQUET MENU

(Please check one)

- □ Prime Rib  □ Salmon  □ Fried Catfish
- □ Honey Citrus Grilled Chicken Breast  □ Grilled Summer Vegetables with Tomatoes and Pasta

### REGISTRATION FEES

(Fee includes room, meals, socials, and conference materials.)

- Heard Hall – Rooms do not have toilets, sinks, or showers. Bathrooms & Showers are located down the hall on each floor.
- Coury House – Rooms have toilets, sinks, and showers.

**POSTMARK BEFORE April 30**

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<tr>
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<th>POSTMARK BEFORE April 30th</th>
<th>POSTMARK AFTER April 30th</th>
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<tbody>
<tr>
<td>Heard Hall – Single</td>
<td>$350</td>
<td>$400</td>
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<tr>
<td>Heart Hall – Double</td>
<td>$250</td>
<td>$300</td>
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<tr>
<td>Roommate: ___________________________</td>
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<td>Coury House – Single</td>
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<tr>
<td>Coury House – Double</td>
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<td>Roommate: ___________________________</td>
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<tr>
<td>Commuter Registration</td>
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<td>$250</td>
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(Registration fee includes meals, breaks, socials, and conferences.)

### SHUTTLE INFORMATION

- □ 1-Way shuttle from Fort Smith Airport  $20  $_______
- □ 2-Way shuttle to/from Fort Smith Airport  $40  $_______

### PAYMENT INFORMATION

- Minimum non-refundable deposit of $100 due with each registration.
- Payments accepted by check or money order.
- Make payable to NAABOD.

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<tr>
<th>Total Amount Due:</th>
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<tbody>
<tr>
<td>Amount Enclosed:</td>
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<tr>
<td>Balance Due upon arrival:</td>
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