



2016 Annual Wellness Conference

June 10-11, 2016

**Bergamo Retreat Center
4400 Shakertown Road
Dayton, OH**

Hosted by the Wellness and Recovery Technology, LLC

Ohio's Annual Wellness Conference

This is the 7th year for the conference. This is **THE** Wellness Conference for people living in recovery and their allies. This year's theme is *Share the Experience: Free to Be Me!*

Attendees:

- Persons in Recovery
- Family Members and loved ones
- Healthcare Providers
- Students
- Artists
- Youth
- Veterans
- Anyone who wants to build community and live in wellness

Conference Location:

The Bergamo Retreat Center
4400 Shakertown Road
Dayton, OH 44864
937.426.2363
www.bergamcenter.org

Sponsor/Exhibit Space

Contact the Wellness and Recovery Technology, LLC if you are interested in exhibit space or sponsorship.

Conference Dates

Registration begins at 9:00am on Friday, June 10. Overnight guests may begin to check in at 3:00. The conference ends at 4:00 on Saturday, June 11.

Contact Us

Wellness and Recovery Technology, LLC
PO Box 202
Dublin, OH 43017
614.732.8972
Kelly.wesp1@gmail.com

CONFERENCE REGISTRATION PACKAGES (check one)

- Package A (\$75) includes single room, meals and conference registration
- Package A (\$35) persons in recovery
- Package B (\$50) includes double room, meals and conference registration
- Package B (\$30) persons in recovery
- Package C (\$30) includes meals and conference registration
- Package C (\$25) persons in recovery

Conference T-shirt

Pre-orders ONLY will be accepted for this year's conference. T-shirt cost \$10. Please indicate if you would like to order a shirt and size.

Yes, I want a T-shirt T-shirt Size _____

Total Enclosed _____

ATTENDEE/PAYMENT INFORMATION

A check or money order, made payable to **Wellness and Recovery Technology, LLC**, must accompany the registration form. Please submit a separate form for each participant. If 5 or more people register for the same organization, a 10% discount may be applied to registration fees only (does not apply to t-shirt).

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Organization: _____

Specific Meal Needs: _____

Roommate's Name (if applicable): _____

Mail this form with payment to:

Wellness Management and Recovery Technology, LLC

PO Box 202

Dublin, OH 43017