



Anonymity: Our Spiritual Responsibility in a Digital Age.

2012 West Central Regional Alcoholics Anonymous Service Conference

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March 2-4, 2012

Holiday Inn 5500 Midland Road Billings, MT 59105

A block of rooms is reserved with Special rates until February 1, 2012.

Special rates will not be available after this date.

Special rate for 1 - 4 persons is \$84

Specialty Suites are \$159

Group Rate received by using the code: **AAW**. Please call 406-248-7701. Fax: 406-248-8954

Friday March 2

- 2:30 Registration Begins
- 3:30 Early Bird Meeting
- 7:00 Opening and Welcome
- 7:15 **General Session 1**
Service: "Our Third Legacy"
Wyoming panel 62
- 8:00 *Break*
- 8:15 Meet the Delegates and Discussion of
**General Service Conference Agenda
Items Part 1**
First year Delegates will give their two-
minute Highlights of their Area for the
General Service Conference.

- 1:45 *Break*
- 2:00 **Breakout Sessions II** (1) Corrections
(2) Archives/Newsletters
(3) DCM/GSR/Area Committee
(4) Literature
- 3:00 *Break*
- 3:15 **General Session 3**
"Social Websites" Northern Minnesota
Panel 62
- 4:00 *Break*
- 4:15 Discussion of General Service
Conference Agenda Items Part 3
- 6:00 Dinner (on your own)
- 7:30 **Open AA Speaker Meeting** Nancy H.
- 8:30 *Break*
- 8:45 Ask-It Basket
- 9:15 Discussion of General Service
Conference Agenda Items Part 4

Saturday March 3

- 7:45 Early Bird Meeting
- 9:00 **General Session 2**
"Diversity – Lets Keep Our Doors Open
for Any Who may Suffer from
Alcoholism" Nebraska Panel 62
- 9:45 *Break*
- 10:00 Discussion of General Service
Conference Agenda Items Part 2
- 11:30 Lunch (on your own)
- 12:45 **Breakout Sessions I** (1) PI/CPC
(2) Delegate/Trustee (3) Treatment
(4) Grapevine

Sunday March 4

- 7:00 Early Bird Meeting
- 8:15 **Regional Trustee Report**
Ken B. West
- 9:30 *Break*
- 9:45 **General Session 4** "Importance of
Sponsorship" South Dakota Panel 62
- 10:30 Thank You and Close



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Conference Registration Form (please print clearly)

Name _____ Name on Badge: _____

Address _____ Phone # _____

Home Group _____ Position (GSR, DCM, etc.) _____

Area Represented _____

Special Needs Request _____

Request for transportation from Billings Logan Airport (scheduled date and time of arrival) _____

Registration Fee \$12.00 per person

Make Checks Payable to:

2012 WCRAASC
C.O. Linda B.
2415 Patricia Ln.
Billings, MT 59102

For information contact Don B. 406-656-0727

E-Mail dandblackbirds@yahoo.com

Scott W. 406-670-4094

E-Mail scottw@dtslogistx.com