

- Convention Room Rate:
  \$99.00 per nite excl. taxes etc.
  Reservation cut off date 02/16/24
  Reservation Liason at Hotel:
  Cierra Duck (716) 278-2695
  [mention Cataract City Convention]
- Online reservations are preferred!
  Reservation Link:

www.sheratonatthefalls.com/group/cataractcityconvention2024

Sheraton at the Falls

300 Third Street Niagara Falls, NY 14303 Registration Opens Friday @ 2pm

## 6 SPEAKERS! 5 PANELS! FRIDAY NIGHT ALKATHON! HOSPITALITY ROOM!

- Friday Early Bird Speaker 4pm - Shannon G.
- Saturday Night Banquet Followed by the DJ DANCE!
- Raffles & Archive Display
- Al-Anon Participation
- Souvenir Mugs for Sale

For questions or special needs contact Alan T. @ 716-345-0250 (registration Chair) or Matt B. @ 716-523-4217 (Co-Chair). Banquet is Buffet Style with no reserved tables. Make checks payable to Cataract City Convention (US funds only) and mail to: P.O. Box 734, Niagara Falls, NY, 14304. There are no refunds. Please be sure your checks are for the total of all registration forms being mailed together.

| Pre-Registra                | ation Deadline for | r Dinner is February 26, | 2024 - One Registartion | n Form Per |
|-----------------------------|--------------------|--------------------------|-------------------------|------------|
| Registration ONLY:          | ○AA- \$30          | ◯Al-Anon- \$30           | ○Alateen- \$15          | \$         |
| Registration w/ Banquet:    | ○AA- \$75          | ◯Al-Anon- \$75           | ◯Alateen- \$60          | \$         |
| Banquet ONLY:               |                    |                          | <b>\$45</b>             | \$         |
| Commemorative Souvenir Mug: |                    |                          | <b>\$5</b>              | \$         |
|                             |                    |                          | Total Enclosed          | \$         |
| NAME TO APPEAR ON C         | CONVENTION BAL     | OGE:                     |                         |            |
| FIRST NAME:                 |                    | LAST NAME:               |                         |            |
| EMAIL:                      |                    |                          | PHONE #:                |            |