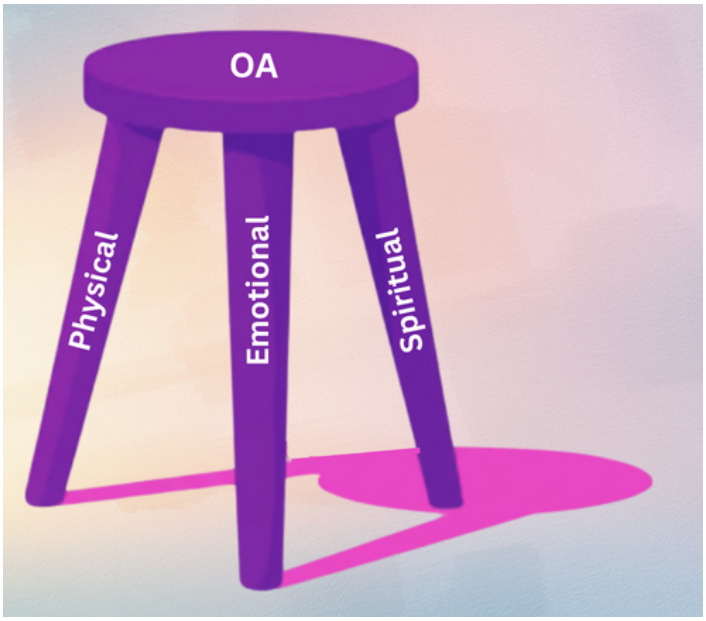

THE ART OF BALANCE

OA MAI 2026 IN-PERSON RETREAT
Hosted by OA Milwaukee Area Intergroup

St. Iakovos Retreat Center
920 224th Avenue
Kansasville, WI 53139
October 2-4, 2026
Friday, 5 pm – Sunday, 11:30 am CDT

REGISTRATION FORM (due by Friday, September 11, 2026)

Please complete (print or type) and mail with payment to OA MAI, PO Box 270054, Milwaukee, WI 53227. If you would prefer to pay by credit card, please indicate below and you will receive a phone call to provide that information.

First Name Last Name Name & Initial Wanted on Name Tag

Street Address City State Zip

Area Code & Telephone _____
(Permission to publish on list to all participants: Yes or No

Email _____
(Permission to share: Yes or No)

Food requirements/allergies other than no refined sugar/flour (ie vegan, vegetarian, gluten free, non-dairy):

_____

_____

Any other special needs or requests/allergies:

_____

_____

Registration options (must choose a room and a food option):

Room (The room rates are reduced this year due to a generous donation from an individual who wanted the retreat to be more affordable. Thank you to that OA member.):
One person per room:
❑ $192.00 total
OR
Two people per room:
❑ $106 per person
My roommate is _____
***If your registered roommate(s) does not attend, you'll need to pay their portion of the room or you can get another roommate.
❑ I would like to be assigned a roommate.

❑ I/my roommate need/s a handicapped accessible room (limited to first four requests).
❑ I am signing up for my own room and might consider sharing a room if someone needs a roommate.

Meal Options (add to room rate):
❑ $56 I want to include four meals (3 meals on Saturday, breakfast on Sunday)
❑ $72 I want to include five meals (dinner on Friday evening, 3 meals on Saturday, breakfast on Sunday)
❑ $0 I do not want to include meals.

OTHER (please mark all that apply):
❑ I am making a donation of _____ toward the scholarship fund.
❑ I would like a refrigerator in my room for ____ personal or ____medical use. Only six refrigerators are available on a first-request basis. Medical needs will take priority.
❑ I'm willing to do service as a ___ speaker, ___activity leader or ____other (specify if preference)
_____

Please acknowledge the following:
❑ I understand there are no refunds if I cannot attend (with the exception of a scholarship request not being honored); although I can transfer my registration.
❑ I agree I will not attend if I have any symptoms of COVID or other communicable illness.
❑ I agree to abide by all the rules set forth by the Iakovos Retreat Center. If I am asked to leave for any reason, I understand I will not receive a refund.

Payment (mark all that apply):
❑ I am requesting a partial scholarship. I am paying half of my room and meal total with my registration. I understand scholarship requests are on a first-request basis and dependent on available funds in MAI scholarship fund. I also understand if my request is not honored, I will have the opportunity to pay the full amount or withdraw my registration and receive a refund.
❑ Enclosed amount (including room, meals, scholarship donation): _____
❑ Please call me at phone number _____ to get my credit/debit card information.