



37th Annual Dr. Paul and Max O. Couples Communication Workshop

(For couples with at least 1 person in a 12-Step program)

UCLA Conference Center at Lake Arrowhead

June 19, 20, & 21, 2020

www.couplesworkshop.us

- Spend a joyful weekend together sharpening your communication skills in beautiful surroundings.
- This is a workshop of daily topic/discussion meetings plus speaker and participation meetings Friday and Saturday nights.
- **12-Step Model – Couples Sharing Experience, Strength and Hope – No “Experts”**
- Enjoy swimming, tennis, hiking, loafing, reading and sleeping.
- Check-in after 4:00 pm Friday & Check-out by 12 noon Sunday
- Early bird meeting Friday at 4:30 pm, Dinner at 6:30 pm, Meeting 8:00 pm
- Important activities: Friday evening continuing through Sunday lunch

Price: \$985.00 per couple Including all (excellent) meals and Condolets

- \$400 deposit holds reservation until Dec. 12th
- Balance is due on that date and deposit is not refundable thereafter due to our arrangement with the Conference Center
- We accept registration after Dec 12th until date of the event. Monthly payment plan available.
- Room assignments are done by the date full/final payments are received

Place: UCLA Conference Center, 850 Willow Creek Road, Lake Arrowhead, CA 92352

www.uclaconferencecenter.com (909) 337-2478

Payment: **Checks - Make check payable to Couples Communication Workshop**
Credit Card - Website registration available, mail, or email completed form below
VENMO - Couplesworkshop@couplesworkshop - Please send info from sheet below

<p>Send check or credit card to: Couples Communication Workshop P. O. Box 96 San Juan Capistrano, CA 92693 Cell (949) 291-6715 Fax (949) 489-0265 Email: info@couplesworkshop.us</p>	<p>Please charge my credit card \$_____ for the Couples Communication Workshop, June 19, 20, 21, 2020 at the UCLA Conference Center <input type="checkbox"/> VISA <input type="checkbox"/> Master Card <input type="checkbox"/> AMEX Name (print) _____ Date _____ Acct # _____ Exp. Date _____ Sec# _____ Signature _____</p>
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Names _____ Phone _____

Address _____ City _____

State _____ Zip _____ Email _____

Scholarship donation _____ Room requests _____

Medical / Dietary Needs _____