



**39th Annual Dr. Paul and Max O.
Couples Communication Workshop**
(For couples with at least 1 person in a 12-Step program)
UCLA Lake Arrowhead Lodge
OCTOBER 6, 7, & 8th, 2023
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 12:00 pm Sunday
- Early bird meeting Friday at 4:30 pm, Dinner at 6:30 pm, Meeting at 8:00 pm
- Important activities: Friday evening continuing through Sunday lunch

Price: \$1325.00 per couple, Including all (excellent) meals and Condolets

- **\$500 deposit holds reservation until April 12th, 2023**
- Balance is due on that date, and the deposit is not refundable after that due to our arrangement with the Conference Center.
- We accept registration after April 12th until the date of the event. Payment plans available.
- Some Scholarships are available.
- Room assignments are done by the date full/final payments are received

Place: UCLA Lake Arrowhead Lodge, 850 Willow Creek Road, Lake Arrowhead, CA 92352
<https://lakearrowheadlodge.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 - x3126. Please complete form below

Send check or credit card to: Couples Communication Workshop P. O. Box 96 San Juan Capistrano, CA 92693 Cell (949) 291-6715 Email: info@couplesworkshop.us Website: Couplesworkshop.us	Please charge my credit card \$ _____ for the Couples Communication Workshop, Oct 6,-8 th 2023 at the UCLA Lake Arrowhead Lodge ___ VISA ___ Master Card ___ AMEX___ Name (print) _____ Date _____ Acct # _____ Exp. Date _____ Sec# _____ Signature _____
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Names _____ Phone _____

Address _____ City _____

State _____ Zip _____ Email _____

Scholarship donation _____ Room requests _____

Medical / Dietary needs _____