

CRONES COUNSEL XVII
Spiraling Through Life – Within and Without

ATLANTA, GEORGIA
21-25 OCTOBER 2009

Join us in experiencing a beautiful autumn in the Georgia hills at the Simpsonwood Retreat and Conference Center. The morning air is crisp and the trees are ablaze with vivid red, bronze, and gold. All lodging and activities are in one building with an easy walk to communal dining where we can enjoy southern cooking and lots of Crone conversation. Simpsonwood is located on 227 wooded acres beside the Chattahoochee River. You can walk the labyrinth or follow the trails that invite you to ramble through the woods. There are also many beautiful places to just sit and absorb the beauty of the natural setting.

Arrival: **Wednesday, October 21, 2009**
Registration from 4:00-6:00 p.m.
Supper 6:00-7:00 p.m.
Opening session 7:00 p.m.

Departure: **Sunday, October 25, 2009**
Closing session 9:00-12:00
Lunch 12:00-1:00 p.m.
Checkout by 11:00 a.m.

Meals: All meals are served cafeteria style in the Rollins Center.
We will eat all meals together in Georgia.
Breakfast 7:30-8:30 a.m.
Lunch 12:00-1:00 p.m.
Supper 6:00-7:00 p.m.*
Morning and afternoon refreshment breaks provided.
*One day we will enjoy a special event and a meal offsite.

Location: **Simpsonwood Conference and Retreat Center** is located 34 miles (45 minute drive) northeast of the Atlanta Airport.

Transportation: **Sir Ellison Travel Services – call 866-747-2661 toll free to reserve.**
(to and from the airport) Reservations required at least two weeks in advance - \$75.00 roundtrip.
All national car rentals available at the airport.

Special Needs: **Simpsonwood** provides a large selection of foods that address different dietary needs and is fully accessible for those with physical challenges.

Weather: October brings fall temperatures (50-60 degrees) as well as beautiful foliage. You may be more comfortable wearing a light jacket.

Come on down, y'all. The South will do you right!

CRONES COUNSEL XVII
21-25 October 2009 –ATLANTA, GA

REGISTRATION FORM

Please print clearly:

NAME: _____

ADDRESS: _____

TELEPHONE NUMBERS: _____

BIRTH

DATE: _____ EMAIL: _____

We need your birthday for ceremony.
Please provide.

We communicate primarily by e-mail.
If you have one, please include.

Is this your first time? Yes__ No__ How did you learn of CC? _____

Do you have special needs? _____

Do you want us to assign a roommate to share a Double Room? Yes__ No__

If you have a roommate preference, please indicate her name _____

Note: All roommates must request each other. Please do not name a roommate without confirming with her first.

CC FEE:

<u>Before 1/1/09</u>	<u>1/1/09—8/15/09</u>	<u>After 8/15/09</u>	<u>Elder (80&Over)</u>	<u>Amount</u>
\$150.00	\$175.00	\$200.00	\$100.00	\$ _____

	<u>Single</u>	<u>Double</u>	<u>Triple</u>	
<u>Lodging</u>	\$525.76 (4 nights)	\$332.84 per person (4 nights)	NONE	\$ _____
<u>& Food</u>	(Includes lodging plus 3 meals & 2 breaks each day)			

I wish to support my Wise Sisters with a 2009 donation to:

Outreach fund \$ _____ CC Scholarship \$ _____ Crones Counsel \$ _____ \$ _____

(Fee, Lodging, Food and Donation) **TOTAL** \$ _____

Please make check payable to **CRONES COUNSEL, INC.** and mail to:

Crones Counsel Registrar, c/o Meera Messmer, 8055 E. Coronado Rd., Tucson, AZ 85750-9659

Phone: 520-760-3905 E-mail: Gmessy2@aol.com

To pay by credit card, please register online at www.cronescounsel.org

Scholarships:

Scholarships are available on a limited basis. For information on scholarships and any registration questions please contact Meera Messmer at the address or phone number above.

Refunds:

Cancellations up to July 31, 2009 will be given a total refund less a \$25.00 processing fee. Cancellations between August 1 and September 9 will be given a total refund less a \$50.00 processing fee.

No refunds for lodging or CC registration can be given **after September 10, 2009.**

CRONES COUNSEL XVII

ALL WORKSHOPS, PROGRAMS, CEREMONIES, AND CRONE CIRCLE LEADERS ARE DONATED TO THE GATHERING BY WOMEN WILLING TO SHARE THEIR WISDOM AND CREATIVITY. OUR GATHERING RELIES ON YOU WONDERFUL WOMEN.

WORKSHOPS: Contact Melody LeBaron – melody.lebaron@gmail.com or 770-518-8418
1009 Branchwind Close, Roswell, GA 30076-3367

MARKETPLACE: Contact Sharon Forrest – sforrest.doula@gmail.com or 404-373-9725
535 Clifton Road, N.E., Atlanta, GA 30307-1707

CIRCLE LEADERS: Contact Sabra Bowers – sabrae57@aol.com or 770-476-1859
3514 Debbie Court, Duluth, GA 30097-3408

Please NOTE: All contributors must be registered for the gathering. In the case of artisans, the products you offer for sale must be your own creations.

LIABILITY WAIVER AND ASSUMPTION OF RISK AGREEMENT

WAIVER – Anyone attending a Crones Counsel gathering must sign a waiver of liability, just as you would when attending an Elder Hostel or other such event.

PLEASE SIGN AND DATE THE FOLLOWING

I have read the activity description and voluntarily enroll in the Crones Counsel gathering. I understand and realize activities involved in the program involve risks, which may result in injury to me. I knowingly and voluntarily assume all such risk, which I may sustain in connection with the above program, including but not limited to injury sustained while traveling on highways and over rough terrain, forces of nature, falling, slipping, and any accident or illness that may occur while I am enrolled in the program.

Furthermore, in consideration of the permission granted to me to participate in the above program, on behalf of myself, my heirs, and legal representatives, I release and discharge Crones Counsel, Inc., and its officers from liability for any injuries, property loss, or damage I may sustain while participating in the above activity. I fully realize and accept the responsibility to myself and my companions to carry out all program activities according to Crones Counsel procedures and in a safe and prudent manner. This release does not apply to acts of gross negligence or wanton and reckless conduct.

I also agree I shall be responsible for any expenses incurred, or damages suffered, as a consequence of my personal injury or property loss or damage; that I shall carry adequate accident and health insurance for this purpose; and that I shall not hold Crones Counsel, Inc., responsible for such expenses.

Signature

Date