

Summer Oxley Conference; June 13-15, 2025

Registration Form

Name: _____ Sobriety Date: _____

Address: _____ State: _____

City: _____ Zip: _____

Email: _____ Phone: _____

Fees Enclosed (Full amount must be paid in advance)

Regular Room with meals per person: \$285.	\$
	\$
Scholarship Donation: Enter amount here if you wish to donate and thank you!	\$
Total Enclosed:	\$

Make check payable to:

Mail to:

Oxley Conference

c/o Leann Stapor

4928 Hiawatha

Cheboygan, MI 49721

A registration confirmation will be sent to you via email. If you wish to receive a paper receipt by mail, please check here: _____. If you do not receive confirmation by June 1, 2025, please contact a committee member.

If you have any special dietary requirements, please indicate here: _____

Please list any additional needs below: (c-pap, schirst floor room, air conditioning, etc.)
