

**Conn-M-SWAWO Plus PK's
Leadership Planning Retreat 2014**
Theme: "Strengthening Our Family – Walking Closer With God."
December 5 - 7, 2014

Hilton Myrtle Beach Resort

Myrtle Beach, SC



Bishop Richard Franklin Norris
Host Presiding Prelate
7th Episcopal District



Mrs. Lula Shaw Cleckley
Connecational President

Bishop Reginald T. Jackson
Chair
Social Action Commission



Mrs. Anna M. Keith,
Host President
7th Episcopal District
M-SWAWO Plus PK's



Mrs. Mary Ann Norris
Host Episcopal Supervisor
7th Episcopal District

Friday, December 5, 2014
1:00 PM – 6:00 PM – Registration

7:00 PM – Welcome Reception

Saturday, December 6, 2014
(Attire: Red)

7:00 AM – 8:15 AM –Breakfast
(On You Own)

8:30 AM – 12:00 PM Opening Session

**12:00 PM – Empowerment Luncheon and
Clergy Family Awards Presentation**

2:00 PM – Free Time

7:00 PM – 25th Anniversary Celebration

Sunday, December 7, 2014
Official Attire
(Black Suits with District Stole)

(Breakfast on Your Own)

8:00 AM
Worship and Communion Service

Depart for Home

Adult Registration Fee:
\$100.00 – (Postmarked by 11/1/ 2014)

Registration Includes:

**Luncheon/25th Anniversary Celebration
Dinner/Retreat Materials**

Registration Forms:

**Can be secured from your respective
Episcopal District M-SWAWO President
Airport to fly into: Myrtle Beach Airport**

Hotel Reservations:

Hilton Myrtle Beach Resort

**10000 Beach Club Drive
Myrtle Beach, South Carolina 29572
Group Rate:**

**\$69.00 (King)
\$129.00 (Double) + 11% Taxes**

To make your reservations online:

www.kingstonresorts.com

Or call 1-800-876-0010

Group Name: CLR

**Reservations can be made between
8/27/14 – 11/13/14**



**CONN-M-SWAWO, PLUS P.K.'S
Leadership Planning Retreat 2014
December 5—7, 2014
Hilton Myrtle Beach Resort
10000 Beach Club Drive – Myrtle Beach, South Carolina 29572**



REGISTRATION FORM

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: _____ **Cell:** _____ **Email:** _____

Episcopal District _____

TRANSPORTATION Mode

Car _____ **or** **Airline** _____ **Arrival Date:** _____

Arrival Time _____ **Flight #** _____

Departure Date: _____

Departing Flight Time _____

REGISTRATION (Non-refundable) Includes Luncheon, Dinner & Retreat Material

Additional Event Tickets: (For the Spouse of the Registrant ONLY)

Luncheon Event: \$35.00 _____

Dinner Event: \$45.00 _____

**Please make checks payable to “Conn M SWAWO Plus PK’s” and
mail with completed registration form to:**

Mrs. Irene Montague

3927 Lausanne Rd

P.O. Box 1104

Randallstown, MD 21133

For more information, call Lula Cleckley – 803-622-2361 or email: connmswawopk4@gmail.com

For Office Use Only:

Date Postmarked: _____ **Amount Received:** _____ **Extra Tickets: Lunch** _____ **Dinner** _____