

"...One Thing is Needful..." (Luke 10:42)

2007 National Retreat



*Retreat Master:
Rev. Fr. Spencer Kezios
Pastor Emeritus of
St. Nicholas Church
Northridge, CA*

OCTOBER 5th - 8th, 2007

Mercy Retreat Center

BURLINGAME, CALIFORNIA

only

10 MINUTES from

SAN FRANCISCO AIRPORT

SPONSORED by



THE METROPOLIS OF SAN FRANCISCO

Sisterhood of Presbyteres

with

THE NATIONAL

Sisterrhood of Presbyteres

don't miss IT!

MARK YOUR CALENDARS • ARRANGE FOR CHILDCARE • GET EXCITED

The 2007 NSP Retreat will be held at the Mercy Retreat Center, on the wooded grounds of the Kohl Mansion. There are walking paths, a labyrinth, and expansive lawns. Each single occupancy bedroom is furnished with a writing table and comfortable chair for study or reflections, showers and restroom facilities are dormitory style.

5th Biennial NSP Retreat Registration Info:

Occupancy rates per person: \$290

Retired and Widowed Presbyteres \$150

Cost per person Includes room, board, snacks and meals.

Payment and Registration form due by August 25, 2007

Space is limited. Registrations will be accepted on a first come first serve basis.

Transportation to the Mercy Retreat Center:

- 1. From San Francisco International Airport:** Volunteer Drivers at no cost to you.
Flight information must be submitted by September 15. To take advantage of this option you must arrive on Friday into SFO prior to 3pm. You may depart on Monday after breakfast.
- 2. Driving directions** from HWY 101 or 280 are available on the website: www.mercycenter.org/conferenceservices/local.html

2007 Retreat Committee: Alexandra Pappas, Ellie Dogias, and Barbara Retelas

NAME

ADDRESS

CITY, STATE, ZIP

HOME PHONE & CELL PHONE

EMAIL ADDRESS

PARISH NAME / CITY, STATE

ARR. BY CAR OR AIR

FLIGHT ARRIVAL INFORMATION
IF AVAILABLE WHEN REGISTERING

FLIGHT DEPARTURE INFORMATION
IF AVAILABLE WHEN REGISTERING

METHOD OF PAYMENT: (Full Payment must be received with this form)

CHECK: Please make checks payable to: *National Sisterhood of Presbyteres*

CREDIT CARD M/C Visa NUMBER _____

NAME ON CARD _____ EXP. DATE _____

SIGNATURE _____

**Return this form by August 25 to: Presvytera Barbara Retelas
11856 Pyxis Circle, Rancho Cordova, CA 95742**

REGISTRATION FORM