

Conference Sponsors as of September 30, 1990

Appalachian Community Development
Appalachian Peace and Education Center
Appalachian People Service Organization
Appalachian Women Empowered
Appalshop

Benedictine Sisters
Binns Counts Community Center
Catholic Committee of Appalachia
Clinch River Educational Center
Congregation of Divine Providence
Congregation of Notre Dame
Commission on Religion in Appalachia
Daughters of Holy Spirit
Dominicans of Sick Poor
Dungannon Development Commission
Federation of Communities in Service
Growing for Carter County
Highlander Center
Ivanhoe Civic League
Knox Creek Art Guild
Medical Missionaries of Mary
Mountain Women's Exchange
National Assembly of Religious Women
School Sisters of Notre Dame
Sisters of Mercy
Sisters of St. Joseph
Sisters of Sacred Heart of Mary
Virginia Black Lung Association
Wages for Housework Campaign
Women Church
Center for Christian Action
Sisters of Charity of Nazareth
Office of Justice and Peace
Wheaton Franciscans
St. Charles Community Center



In Praise of
**MOUNTAIN
WOMEN**

Two hundred women will share their stories and celebrate what it means to be a woman in the mountains. The women will come from the West Virginia, Virginia, Tennessee, Kentucky and North Carolina area, and beyond.

This will be a time to deepen friendships. A time to meet new friends. This will be a time to find support groups. A time to find hope. A time to receive courage for the future. A time to grow. A time to appreciate how special every woman's life is.

It is hoped that this gathering will lead to the creation of a coalition able to work on the larger issues of the region. The slots will fill up fast!

May 3, 4, 5, 1991
4-H Center, Abingdon, Virginia

- * In Praise of Mountain Women starts Friday evening at 5:30. The conference is scheduled to end Sunday around noon.
- * Childcare will be provided for each child who is registered for the conference. See options.
- * The 4-H Center is handicap accessible.
- * Meals at the conference include: breakfast, lunch and dinner on Saturday, and breakfast on Sunday. No meal is served Friday; snacks will be provided Friday evening.
- * There will be opportunity to play music, sing and tell stories so you are welcome to bring your instrument.

Friday, May 3, 1991

5:30 - 7:00 p.m. register
 7:00 - 9:00 p.m. welcome and introduction

Saturday, May 4, 1991

all day the celebration continues

Sunday, May 5, 1991

morning the celebration concludes
 11:00 goodbyes and farewells til we meet again

Questions to think about to help you participate

- * Memories of the past that help you now? *
- * What do you want to tell/share? *
- * What do you remember about your mother/grandmother? *

Send checks payable to MOUNTAIN WOMEN, and mail with the following page to: MOUNTAIN WOMEN, ROUTE 1, BOX 94, BIG STONE GAP, VA 24219

For further information, contact MOUNTAIN WOMEN at the above address or call: (703) 523-2410; (703) 628-6416 or (703) 628-4201.

A limited number of scholarships are available. They will be granted to those requesting them on their registration forms until they are all gone. To be sure you get a scholarship, you should register early and check the scholarship request line.

Please fill in the amount of the option you wish. Even if you are requesting a scholarship, you still need to fill out this part to indicate the option you are requesting:

Option A - Registration, 4 Meals, Lodging
 Each adult should fill out a form : \$65.....\$ _____
 Each child over 6: \$65 x # children\$ _____
 Each child under 6: \$50 x # children\$ _____

Option B - Registration, 4 meals, camping with own gear
 Each adult should fill out a form: \$35.....\$ _____
 Each child over 6: \$35 x # children\$ _____
 Each child under 6: \$20 x # children\$ _____

Option C - Registration, 4 meals - for commuters
 Each adult should fill out a form: \$30.....\$ _____
 Each child over 6: \$30 x # children\$ _____
 Each child under 6: \$15 x # children\$ _____

TOTAL COST\$ _____

(Please Print)

Name: _____

Address: _____

Ages of children attending: _____

Reach Telephone Number: area code (____) _____ - _____

Check all the lines below which apply to you:

- _____ \$10 deposit is attached plus
- _____ \$10 deposit for each child over 6 is attached
- _____ \$ 5 deposit for each child under 6 is attached
- _____ To avoid registration lines, full payment attached
- _____ I request full scholarship for the options selected and I ask that you let me know as soon as possible whether or not I got a scholarship.
- _____ I request a partial scholarship. I can pay \$_____

If you have any special needs, for example, special physical or dietary requirements, please explain. Use a separate sheet or the back of this page if more space is needed. We will make our best effort to accommodate _____

tear here