

JPIC Rally!

National Shrine of our Lady of the Snows, Belleville, Illinois April 12-15, 2012

Who? The Justice, Peace & Integrity of Creation Rally! is for JPIC Commission members, regional fraternity JPIC Point People and friends of JPIC.

Why? Since our move from the Apostolic Commission Model to our present JPIC Model, we have not had such a gathering. The Rally focus is bringing together people to sustain and enliven our JPIC efforts. We Rally! To build fraternity, give guidance, direction and formation to JPIC Point People, to build new Commission leadership and to prepare for the Quinquennial.

Why in April, 2012? One of the major purposes/outcomes from the Q is to discern "*What IS our gift; what is God asking of us NOW in the 21st Century?*" as an Order. Because the "Q" will ask this question, and because the answer will come from those attending the "Q", we really, really need the JPIC folks to attend the "Q". We need JPIC input and direction at the "Q". We need a critical mass of people at the "Q" who can speak knowledgeably and persuasively about JPIC as part of this discernment process. We need a substantial number of people who have the heart and vision for JPIC issues to attend both the "Q" and this April 2012 JPIC Rally.

What will be discussed at the Rally? The Rally! will have prayer and faith sharing, sessions on Catholic Social Teaching and our Rule, strategies from going from word to action, celebration of JPIC efforts undertaken and planning for the future (the Q, the Commission, a national JPIC gathering).

What is the cost associated with attending the Rally? Room and meals at the Shrine will be \$275 for a double room, \$375 for a private room, by 2/15/12.

Registration Forms and other information can be found on the following pages.

Who do I contact for more information? For more information, please contact Jan Parker, National Fraternity Secretary (jansfo@yahoo.com) or Kent Ferris, JPIC Chair (kentferris45@yahoo.com).

Peace and all good,

Kent Ferris, sfo
Justice, Peace & the Integrity of Creation Commission, NAFRA-USA
809 E. 10th Street
Muscatine, Iowa 52761
563-264-0120

"The demands of justice must first of all be satisfied; that which is already due in justice is not to be offered as a gift of charity." Second Vatican Ecumenical Council, Decree *Apostolicam Actuositatem*, 8: AAS 58 (1960), 845; cf *Catechism of the Catholic Church*, 2446.

JPIC Rally

General Information

OUR LADY OF THE SNOWS SHRINE

442 South De Mazenod Drive

Belleville, IL 62223-1023

Thursday, April 12 – Sunday, April 15, 2012

Emergency Phone Number: 618-397-6700 (Shrine Hotel) or Jan Parker, SFO at 636-734-9979.

Arrival: Please plan to arrive on Thursday, April 12, 2012. The Rally begins Thursday evening with dinner at 5:00 pm and ends on Sunday at 10:30 a.m.

Transportation: If you are flying please fly in to ST. Louis International Airport (Lambert Field) Airport Code: STL. Also please be sure to return the JPIC Rally Travel Form by March 17, 2012.

Drivers: Check the Shrine website or MapQuest.

Registration: A Registration Desk will be set up at the Shrine Hotel, which is directly across from the main Shrine Complex. You will receive your room assignment and a packet of information when you register.

Rooms: Rooms have two queen size beds and a large bathroom. If there is someone you would like to share a room with, please send the name with your registration form or we can make an assignment.

Hotel amenities: Coffeemakers, hair dryers, irons & ironing boards, free WIFI, expanded cable TV with over 60 channels, guest laundry facility, rooms available for guests with disabilities.

Smoke free: Please respect the fact that the facilities of the Shrine are smoke-free. If this is a problem, you may request one of the few smoking rooms in the hotel.

Meals: An excellent variety of food is offered at the Shrine. Meals have been selected. If you have a special dietary need, please note this when you mail your registration.

An expanded Continental Breakfast is included each day and it is available from 6 a.m. until 9:30 a.m. The lounge for breakfast is on the second floor of the Hotel, and very close to the elevator. During the day, snacks and coffee will be available for your convenience.

How to Dress: The Midwest is very comfortable at this time of year. We suggest you bring comfortable clothes and shoes as some outside walking will be required from the Hotel to the Conference Center. Sweaters or jackets are usually sufficient for warmth. An umbrella is a good idea.

Gift Shop: The Shrine has a very impressive Gift Shop!

Cost: The cost of the Rally includes your room and all meals beginning with dinner on Thursday evening and ending with a box lunch “to go” on Sunday.

Justice, Peace & the Integrity of Creation Commission

“JPIC Rally!” Registration Form

April 12-15, 2012

Shrine of Our Lady of the Snows in Belleville Illinois (St. Louis)

(PLEASE PRINT or TYPE)

Full Name: _____

SFO Region: _____

Complete Mailing Address: _____

City, State, Zip: _____

Phone Number(s): Daytime _____ Evening _____

Cell _____ Email address: _____

Please check and fill out all that apply:

_____ I am the **Regional JPIC Point Person** _____ I am a **Regional Minister**

_____ I am a **JPIC Commission Member** _____ I am a **Friend of JPIC**

_____ Other (Please specify) _____



♥ SWEETHEART DEAL ♥

♥ Save \$\$ if you register by February 14, 2012 ♥

_____ **\$275.00 Double Occupancy** _____ **\$375.00 Single Occupancy**

AFTER FEBRUARY 15, 2012:

_____ **\$305.00 Double Occupancy** _____ **\$405.00 Single Occupancy**

I would like to share a room with _____

_____ I will share a room. Please assign someone wonderful to be my roommate.

_____ \$50 Deposit enclosed (Payable to NAFRA-JPIC)

REGISTER EARLY. SPACE IS LIMITED.

Mail Registration and Deposit to:

Jan Parker SFO
190 Rockaway Dr.
O'Fallon, MO 63368-8005
jansfo@yahoo.com

You will be contacted after we receive your registration.

JPIC RALLY – TRAVEL FORM

Please fill out this form and return to Jan Parker at the address below.

Keep page two for your information.

NAME (Or names, if you are traveling together)

Please print or type:

Will you have a cell phone with you? _____ Cell phone number _____

Arrival Information

I am traveling by: Air _____ / Car _____ / Other _____

Date of Arrival _____ Time of Arrival _____ AM/ _____ PM

Airline: _____ Flight # _____ from _____

If you are arriving from one or more connecting flights, please provide this information:

City of Origin _____ Airline _____ Flight # _____

City of Origin _____ Airline _____ Flight # _____

Departure Information

Date _____ Time of Flight _____ AM/ _____ PM

Airline: _____ Flight # _____ Destination: _____

In order for you to arrive at the Airport in time please consider the following: It will take 15 minutes to drive to the Metrolink Station. It will take about 1 hour to travel on Metrolink to the Airport and you will need to arrive 1 – 2 hours before your flight.

Please fill in the time that you would like to leave the Shrine. _____

We will do our best to accommodate your requested departure time; however we obviously will need to group people together. We will post your ACTUAL departure time in the hotel lobby at the Shrine. Any questions or special arrangements can be made through our Travel Coordinator once you are here.

PLEASE RETURN THIS FORM NO LATER THAN March 17, 2012

Send to: Jan Parker, SFO / 190 Rockaway Dr. / O'Fallon, MO 63368

Or email to jansfo@yahoo.com

Airport and “Metrolink” Instructions

Important Note: If for any reason you would find it difficult to use Metrolink, or if you are arriving late at night, please talk to Jan about alternate ground transportation.

You may contact Jan at jansfo@yahoo.com or call 636-734-9979 (Cell)

When you arrive at the airport please follow these instructions:

1. Proceed to the Metrolink Station. (Note: St. Louis International Airport has a Main Terminal and an East Terminal. From either terminal you can easily board the Metrolink.)
2. Before boarding Metrolink please call Jan at 636-734-9979. If Jan doesn't answer please leave a voicemail message indicating the time that you are leaving the airport.
3. Take the Metrolink to the FAIRVIEW HEIGHTS station. (Approx.1 hour ride)

This website shows you the stations from Lambert to Fairview Heights:

http://www.metrostlouis.org/Libraries/System_Map_PDFs/MetroLink_Schematic_Map.pdf

This website can show you how to ride Metrolink:

<http://www.metrostlouis.org/RidingMetro/HowToRide/MetroLink.aspx>

4. When you arrive at the FAIRVIEW HEIGHTS look for someone with an SFO sign - they will transport you to the Shrine.
5. Once at the station, if you are not contacted within 15 minutes, please call Jan again.

CONFIDENTIAL EMERGENCY MEDICAL FORM

NOTE: Place this form inside an envelope and seal it. Put your name on the outside of the envelope and place in a conspicuous location in your room.

Name _____

Address _____

Telephone (home) _____ (Cell) _____

Emergency contact _____ relationship _____

Address _____

Telephone (home) _____ (Cell) _____

Medication allergies _____

Other allergies _____

DOB _____ Weight _____ Height _____

Primary Care Physician Name _____

Address _____

Phone _____

Health problems/conditions _____

Specialty/other physicians

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

Specialty _____ Specialty _____

Date of last tetanus shot _____

Current prescription medications:

Name of medicine	Dose	How Often	Reason

---- PLEASE BE SURE TO FILL OUT PAGE TWO OF THIS FORM ----

CONFIDENTIAL EMERGENCY MEDICAL FORM

Page Two

Over-the-counter medications

Name of medicine	Dose	How Often	Reason

Previous surgeries:

What	When

Do you have any of these conditions? Circle YES or NO

Difficulty with anesthesia?	YES	NO
Past blood transfusion?	YES	NO
Do you wear glasses or contact lenses?	YES	NO
Do you wear dentures or partial plate?	YES	NO
Do you have difficulty hearing?	YES	NO
Do you smoke? If so, how much?	YES	NO
Have you been out of the country in the past 6 months?	YES	NO
Do you have a living will/durable power of attorney for health care?	YES	NO

Is there any other information that you think an Emergency Room physician should know about you?

Insurance information:

Plan _____

Group # _____ Other # _____

Phone _____

I authorize release of this information in a medical emergency to an EMT and/or Emergency Room Physician.

The above is accurate as of:

Signature

Date