

BRAINERD DEANERY WOMEN'S SPRING CONFERENCE

Tuesday, May 17, 2022
Hosted by Immaculate Heart Church,
35208 Co Rd 37, Crosslake, MN

Schedule

- 9:00 - 9:45 Registration, Coffee, etc
- 9:45-10:00 Welcome – ~~Jenny Thoring~~
Opening Remarks – Pat Walsh
Opening Prayer – Karen Reither
- 10:00-10:45 Speaker, Fr. Tony Wroblewski,
"End of Life Challenges"
- 10:45-11:00 Break
- 11:00-11:30 Mass
- 11:45 - 12:30 Lunch
- 12:45-1:30 Speaker, Fr. Tony Wroblewski,
"Health Care Directives"
- 1:30 Closing Prayer, Bag Raffle Drawing

Fr. Tony Wroblewski

Rector of Our Lady of the Rosary in Duluth and Pastor of St. Mary of the Sea in Duluth.
Diocesan Spiritual Advisor for the Duluth Diocese Council of Catholic Women.

For 13 years, Fr. Tony has been a member of the Ethics Committee of Essentia Health St. Joseph's Hospital in Brainerd, MN. In that capacity, Fr. Tony has dealt with a variety of moral and ethical issues that patients and their families confront in a Catholic Health Institution. His experience led him to request formal education from Bishop Sirba in the field. In 2018, Father Tony completed his Certification in Biomedical Ethics from the National Catholic Biomedics Center in Philadelphia, PA.

The topics covered are important for Catholics in all seasons of life. The discussions will cover end of life issues and principles that all Catholics must be aware of to be faithful, even in the most difficult of circumstances.

RESERVATIONS ARE NECESSARY to help us plan for materials and food for the day! Please complete and return this portion by **May 9, 2022** or call your parish president to register and pay at the door. Cost is \$15.00 to include registration, meal, and education materials. Please make checks payable to **BDCCW** and send to:
Linda Braynard, 500 8th Avenue, #111, Ironton, MN 56455.

Parish Presidents, please bring your banners and a gift for the Bag Raffle.

Parish Presidents, call Linda Braynard at 218-546-5568 with the names of the women who contact you.

Questions? Call Pat Walsh at 218-831-0580.

Name _____ Parish _____

City _____ Special Food Needs _____