

## Connecticut Regional Schedule Meeting Information Form

check one:  New Meeting     Meeting Change     Meeting Folded

<i>Submit this form to your Area's Regional Committee Member</i>			
Today's Date:			
<b>Location Information</b>			
Town:			
Facility Name:			
Room Name/Number (if applicable):			
Street Address:			
<b>Meeting Information</b>			
Group Name:			
Meeting Day(s):			
Meeting Time(s):			
Meeting Format(s) <i>(check the appropriate boxes):</i>			
<input type="checkbox"/> BST = STEPS 1,2,3 <input type="checkbox"/> ST = STEP <input type="checkbox"/> P = PAMPHLET <input type="checkbox"/> S = SPEAKER <input type="checkbox"/> D = DISCUSSION <input type="checkbox"/> R = RECOVERY TEXT <input type="checkbox"/> IT = IT WORKS, HOW AND WHY	<input type="checkbox"/> J = JUST FOR TODAY MEDITATION <input type="checkbox"/> T = TRADITIONS <input type="checkbox"/> K = KEYTAG <input type="checkbox"/> C = CLOSED, FOR ADDICTS ONLY <input type="checkbox"/> WHEELCHAIR ACCESSIBLE <input type="checkbox"/> CHILDCARE AVAILABLE		
<b>If this is a meeting change, please list what's changed:</b>			
<b>Group Contact Information *</b>			
Name:		Phone #:	
Name:		Phone #	

*\*Changes cannot be processed without contact name(s) and number(s)*

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