

SENANA Group/Meeting Information Form

Name of group\meeting:
Day & time:
Location of meeting:
Length of meeting:
Format (step, lit study, speaker etc):
Contact person:
Contact Phone #:
Alt Contact:
Alt contact phone #:
Is this meeting registered with world: Yes-----No-----Unknown

This form will be available at area meeting. there will also be PDF version on website on meeting list page and copy will be in Aug minutes.

Groups can return form to next area or you can fill out form online and email to meetings@sena-na.net

Thank you to all for helping insure are meetings are fulfilling our primary purpose to carry message to still suffering addict.