

MEETING INFORMATION FORM

Group number from World Service _____ (required) Date: _____

Submitter's name and phone number _____

1. MEETING INFORMATION

Meeting day _____ Time _____ am or pm (please circle one)

Group Name _____

Meeting information: City? open or closed? Is it a speaker meeting, or literature, or what? Other comments for the Where and When?

Does it meet virtually? If so, by phone or Zoom? _____

Phone access or Zoom login information: _____

If Zoom, also give the phone dial-in password: _____

Does it meet in person? If so, where does it meet?

Facility Name _____

Meeting Street Address _____

City _____ State _____ Zip _____

Additional Directions _____

Meeting Contact person first name and last initial _____

Contact phone number _____ Contact alternate phone _____

Contact email _____

2. INTERGROUP REP INFORMATION

Intergroup rep full name (for mailing) _____

Address _____

City _____ State _____ Zip _____

Email address _____

Phone _____ Alternate phone number _____

If you have any questions, or if you wish to submit this by email, please contact us at info@stlouisoa.org.
Or mail the paper form to St. Louis Bi-State Area Intergroup, P.O. Box 28882, St. Louis, MO 63123.