

Who is the Secretary or contact Person for this meeting? (this information is for office use only)

Name* Email* Phone Website

What Is The Name of Your Meeting*

What is format of this meeting*

In Person	Virtual	In Person & Virtual
-----------	---------	---------------------

Where is this meeting Located

Same location as other meetings	New Location
---------------------------------	--------------

****Keep Location Fields the same, but with Virtual Listings allowing for a Region to be selected. ****

Any notes about this meeting or location? (ie. email secretary@email.com for password, this meeting meets upstairs of the cafe, ect.)

When does this meeting Happen

Day of Week* Start Time* End Time*

Parking

Lot Street Other Tips: _____

Type of Meeting

- | | | | |
|--------------------------------------------|---------------------------------------------|------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Atheist/ Agnostic | <input type="checkbox"/> Indigenous Peoples | <input type="checkbox"/> Men | <input type="checkbox"/> Women |
| <input type="checkbox"/> BIPOC | <input type="checkbox"/> Lesbian | <input type="checkbox"/> NewComer/
Beginner | <input type="checkbox"/> Young Peoples |
| <input type="checkbox"/> Gay | <input type="checkbox"/> LGBTQIA+ | <input type="checkbox"/> Transgender | |

Accessibility

- | | | |
|-------------------------------------------------|-----------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Baby Sitting Available | <input type="checkbox"/> Non-Smoking Facility | <input type="checkbox"/> Sign Language Interpreter |
| <input type="checkbox"/> Child Friendly | <input type="checkbox"/> Senior Friendly | <input type="checkbox"/> Wheelchair accessible |
| <input type="checkbox"/> No animals Allowed | <input type="checkbox"/> Service Animals Only | <input type="checkbox"/> Wheelchair Bathroom |

Language

- | | | | |
|------------------------------------|----------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Farsi | <input type="checkbox"/> Korean | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> French | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> ASL | <input type="checkbox"/> German | <input type="checkbox"/> Persian | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Hebrew | <input type="checkbox"/> Polish | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Italian | <input type="checkbox"/> Portugese | <input type="checkbox"/> Other |

English

Japanese

Punjab

Format

12x12

Breakfast

Grapevine

Open

Alanon Concurrent

Closed

Literature

Speaker

Alateen Concurrent

Cross Talk Permitted

Livingsober

Steps and Traditions

As Bill Sees It

Daily Reflections

Meditation

Tag Participation

Big Book

Digital 7th Tradition

Milestones (chips/ birthdays)

Facility Type

Bar

Center

Mission

Recovery Facility

Beach

Club

Other

Restaurant

Business

Hospital

Park

School

Cafe

House

Place of Worship

Theater

Virtual

Once you submit this form, your meeting will be verified by Central Office before being published. Please remember that by submitting this information form you are responsible for keeping all meeting information current so fellows can access your meeting

SUBMIT MEETING FORM