

Meeting Schedule Changes & Application

Date: _____

Member of Portland Area? YES NO

Group Name: _____

Type of Change: NEW MOVED NO LONGER MEETS UPDATE

Yes! Please Register this group with NA World Services

Group Meeting Information

Meeting Location Address: _____

City, State, Zip: _____

Additional Information: _____

Meeting Days	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Meeting Time							
Format							
Handicap Access							
Child Friendly							
Bus Lines							
Language							
Average Weekly Attendance							

Please indicate all that apply using the following codes:

(*) Outside Portland Metro Area, (#) Trimet/Max Lines, include bus line # if known, (O) Open Meeting, (NALS) NA Literature Study, (C) Closed meeting, (CF) Child Friendly, (CL) Candlelight meeting, (H) Handicap accessible, (M) Men's Meeting, (W) Women's Meeting, (LGBT) Lesbian, Gay, Bi, Transgendered, (Y) Youth focus, (E) English, (SP) Spanish or indicate another language

1st Contact Contact Name: _____ Position: _____ Mailing Address: _____ City, State, Zip: _____ Phone: _____ Message Phone: _____ E-mail address: _____
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2nd Contact Contact Name: _____ Position: _____ Mailing Address: _____ City, State, Zip: _____ Phone: _____ Message Phone: _____ E-mail address: _____
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Facility Contact Information

Name: _____ Phone: _____

e-mail: _____

COMMENTS: _____

Please return Public Relations or mail to: PASC/PR Committee

PO Box 42453, Portland, OR 97242; or complete online at: www.portlandna.com