

SDCRSONA, PO BOX 16505 San Diego, CA 92176
NARCOTICS ANONYMOUS MEETING DIRECTORY UPDATE FORM
(Please print clearly)

AREA _____ Date Submitted _____
RCM _____ Phone Number _____ Code _____

Meeting Format:		Special INFO:		Additional Info:	
B	Basic Text Study	BL	Bilingual	Alley	Beach
BE	Beginner Group	CL	Candlelight	Cafeteria	Center
D	General Discussion	ES	Spanish Speaking	Church	Club
HW	It Works Text Study	G	Gay/Lesbian Oriented	Dayroom	Fire pit
J	Just For Today Text Study	H	Handicapped Accessible	Garage	Hall
L	Literature Study	HI	Hearing Impaired	Hospital	Loft
S	Speaker	K	Childcare Available	Park	Pier
T	Topic Discussion	M	Men's Oriented	Ranch	Rec. Ctr.
5	5 th and 10 th Step	NS	Non-Smoking	Room #	Suite #
12S	Step Study	SB	Smoke Break Provided	Corner (N,S,E,W)	
12T	Tradition Study	W	Women's Oriented		
12 C	Concepts of Service	Y	Youth Oriented		

Please check one: NEW _____ UPDATE _____ DELETE _____

If this is a meeting being DELETED, please answer questions 1 through 7.
If this is a meeting being UPDATED, please answer questions 1 through 15.
If this is a NEW meeting, please answer questions 8 through 15.

PLEASE ANSWER QUESTIONS 1 THROUGH 7 EXACTLY AS THE MEETING APPEARS IN THE CURRENT REGIONAL SCHEDULE DIRCTORY.

1. What is the DAY and TIME of this meeting? _____
2. Is this meeting OPEN or CLOSED? _____
3. What is the MEETING FORMAT? _____
4. Is there any SPECIAL INFORMATION? _____
5. Is there any ADDITIONAL INFORMATION? _____
6. What is the ADDRESS as it CURRENTLY APPEARS? _____
7. What is the CITY or COMMUNITY as it CURRENTLY APPEARS? _____

PLEASE ANSWER QUESTIONS 8 THROUGH 15 EXACTLY AS THE MEETING SHOULD APPEAR IN THE NEXT REGIONAL DIRECTORY

8. What DAY of the Week is this Meeting? _____
9. What Time is this Meeting? _____
10. Is this Meeting OPEN or CLOSED? _____
11. What is the MEETING FORMAT? _____
12. Is there any SPECIAL INFORMATION? _____
13. Is there any ADDITIONAL INFORMANTION? _____
14. What is the COMPLETE ADDRESS as it should appear in the NEXT Regional Directory?

15. What CITY or CUMMUNITY is this MEETING in? _____

IF YOU HAVE ANY QUESTIONS PLEASE ASK THE REGIONAL COMMITTEE MEMBER (RCM) FOR YOUR AREA. THANK YOU.

THIS FORM MUST BE SUBMITTED TO THE REGIONAL SERVICE COMMITTEE BY THE REGIONAL COMMITTEE MEMBER (RCM) OR OUTREACH.