



ON-LINE MEETING FORM

Please complete all information & print clearly!

Name of Meeting _____ Today's Date _____

This meeting started (month/year) _____ This is an update Yes/No
(Circle one)

Mailing Address

The following information is necessary for any communications with the meeting.

Contact Person _____

Address _____

City _____ State/Province _____

Postal/Zip _____ Country _____

Phone () _____

Meeting Information

URL: _____

Login Instructions: _____

Please indicate (O for open) (C for closed) next to meeting days below

Meeting Days	Sun		Mon		Tues		Wed		Thur		Fri		Sat	
Meeting Time														
Language(s)														
Format														