

**RASCNA PROCEDURES 2008**  
**MEETING VERIFICATION FORM**  
From the Public Information/Phone line Subcommittee  
Date: \_\_\_\_\_

NAME OF MEETING: \_\_\_\_\_

DAY(s) OF MEETING: \_\_\_\_\_

TIME(s) OF MEETING: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DIRECTIONS TO MEETING (include any landmarks or cross streets, etc):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TYPE(s) OF MEETING: Check each that describes your meeting.

- OPEN     CLOSED     Basic Text Study     Topic Discussion Meeting  
 Concepts Meeting     Gay/Lesbian/Bi/Transgender Meeting     Handicapped Access  
 " It Works" Test Meeting     "Just for Today" Text Meeting     Speaker Meeting  
 Literature Study Meeting     Beginners     Information Pamphlet Meeting  
 Question/Answer Meeting     Step Meeting     Tradition Meeting  
 Format Varies     Smoking

Which service structure does the meeting belong? )

New Dominion Area ( )

Richmond Area ( )

Tri-Cities Area

Other Area \_\_\_\_\_

Region \_\_\_\_\_

World

None

MEETING'S POINT OF CONTACT:

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

(Optional: (PO Box for an Area))

PHONE NUMBER: () \_\_\_\_\_ BEST TIME TO CALL: \_\_\_\_\_

EMAIL ADDRESS (optional): \_\_\_\_\_

ADDITIONAL COMMENTS:

The purpose of this form is to ensure accurate information is being printed within our

- (1) Unified Meeting Schedule;
- (2) Forwarded to our Phone line service;
- (3) Listed on the Regional Website, and
- (4) Listed with the World Service of NA.