Please circle the codes that apply to your meeting.

B	**Beginners**
BK	**Book Study**
BL	**Bi-Lingual**
BT	**Basic Text**
C	**Closed**
CH	**Closed Holidays**
CL	**Candlelight**
CS	**Children under Supervision**
D	**Discussion**
ES	**Espanol**
GLBT	**Gay/Lesbian/Bisexual/Transgender**
IL	**Illness**
IP	**Information Pamphlet**
IW	**It Works-How and Why**
JT	**Just for Today**
M	**Men**
NC	**No Children**
NS	**No Smoking**
O	**Open**
OE	**Open Ended**
Pi	**Pitch**
RF	**Rotating Format**
Rr	**Round Robin**
SC	**Surveillance Cameras**
SD	**Speaker/Discussion**
SG	**Step Working Guide**
SL	**ASL**
Sm	**Smoking Permitted**
So	**Speaker Only**
St	**Step**
It	**Timer**
To	**Topic**
Tr	**Tradition**
TW	**Traditions Workshop**
W	**Women**
WC	**Wheelchair**
YP	**Young People**

Meeting Name _____

Day _____

Time _____

Location Name _____

_____

Address _____

_____

City _____

Contact Person _____

Contact Number _____

Please complete and return this form at the next ASC or mail to :

NLASC
PO Box 16934
Duluth, MN 55816