SOUTH SUBURBAN FIRESIDE AREA OF NARCOTICS ANONYMOUS
H&I MEETING AGREEMENT FORM

NAME OF FACILITY: _____

TYPE OF FACILITY: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

FACILITY REPRESENTATIVE NAME: _____

TITLE: _____ PHONE: (____) _____-_____

FREQUENCY OF MEETING: _____

START TIME: _____ END TIME: _____

NA PANEL COORDINATOR OR LEADER: _____

PHONE: (_____) _____-_____

This form is an agreement between the facility listed above and the South Suburban Fireside Area to facilitate a presentation of the Narcotics Anonymous program. Narcotics Anonymous has no opinions on treatment methods or any issues other than recovery from active addiction through the application of our program. Our presentation will start and end at the above specified time. On behalf of our 1Oth tradition, we ask that facility activities take place either before or after our scheduled presentation. Our presentation will contain readings from Narcotics Anonymous literature, the sharing of personal experiences of recovery from our members, and the opportunity for questions or sharing from clients/residents, time permitting.

Please list here any facility requirements or special arrangements:

By signing below both parties agree to the terms listed above. Date: _____

_____ _____

NA PANEL COORDINATOR OR LEADER FACILITY REPRESENTATIVE