SOUTH SUBURBAN FIRESIDE AREA OF NARCOTICS ANONYMOUS

H&I MEETING AGREEMENT FORM

NAME OF FACILITY: [illegible]

TYPE OF FACILITY: Non residential treatment, continuing care

STREET ADDRESS: 821 Third St Suite 100, Farmington MN 55024

MAILING ADDRESS: Same as above

CITY: Farmington STATE: MN ZIP CODE 55024

FACILITY REPRESENTATIVE NAME: Ronald J. Gonzalez LADC

PHONE NUMBER: (651) 460 - 8085

FREQUENCY OF MEETING: [illegible]

START TIME: [illegible] END TIME: [illegible]

PANEL COORDINATOR OR LEADER: [illegible]

PHONE NUMBER: ([illegible]) [illegible] - [illegible]

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 10th 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:

Just continue the great jobs you have been doing, staying receptive to any suggested topics that arise. Thank you all!!

By signing below both parties agree to the terms listed above. Date: 2-24-14

Ronald J Gonzalez LADC

PANEL COORDINATOR OR LEADER

FACILITY REPRESENTATIVE