

Unity Intergroup Meeting Information

Please Circle: New Change Cancel

All - Fill out top section

Meeting Name:	
Meeting Number:	
Meeting Location:	
Meeting Day:	
Meeting Time:	
Fill out if NEW (Have contact come to Unity Intergroup Meeting to Present)	
Contact Person: First and Last Name <i>(Last name will not be published)</i>	
Address <i>(For internal use only)</i> City, State, Zip	
Email:	
Phone Number:	
Submission to WSO	
Other	
Fill out if CHANGE (Fill out appropriate changes)	
What is being Changed?	
Contact Info: Name, Address, Phone #, Email	
Location	
Day/Time	
Other	
Fill out if CANCELLED	
Other:	
Note: Please mail any remaining OA materials to 3208 W Lake St, #45 Minneapolis, MN 55416 Postage will be reimbursed with receipt	

Please submit to: MegUnityChair@gmail.com. Call with questions – 763.244.6098.