Date Submitted:								Stanislaus Valley Groups of Narcotics Anonymous® P.O. Box 578399			
Submitted To:					Modesto, CA 95357 www.svgna.com						
Date Update Takes Effect:						_		www.svgiia.com			
Yc	our Name, Telephone	e # & Position	:								
	Please review your meeting information on the Meeting Directory. Fill in blanks on this form <u>ONLY</u> if you need changes made on the Meeting Directory or on the Website for your meeting information.										
Meeting Schedule Information Changes (ONLY FILL IN INFORMATION THAT NEEDS TO BE CHANGED!)											
Meeting Information Needed:			OLI	OLD Meeting Information				NEW Meeting Information			
	Name of Group:										
Day & Time Group Meets:											
	Name of Place & Address Where Group Meets:										
Use the information below, mark the correct format(s) to ensure that your meeting has the correct information and code applied.											
		☐ BM = Birth	iday Meeting		BS = Book Study		□ c = Clo	osed, Addicts Only		CH = Chip Meeting	
		CL = Candl	elight Meeting		CW = Children Welcome		□ IP = In	nformation Pamphlet		MM = Men's Meeting	
	Meeting Format Nw = No V		Wheelchair		PS = Personal Stories		□ QA = (Questions & Answers		RL = Revolving Literature	
	Code Key -	□ S = Smoking		SP = Speaker Meeting			□ ss = S	Step Study		WM = Women's Meeting	
		NV = No Mtg. Verification		NC=No Children Allowed		ed [_	pen, Non-Addicts Welcome		NCW = Newcomer Workshop	
			tual Principles Topic		=		•			·	

Return completed form to the Webservant at the monthly ASC meeting.