

Seattle Area Narcotics Anonymous

Meeting Directory Information Form

Meeting Name: _____

Day(s): _____

Time: _____ AM or PM (circle one) Meeting Duration: _____

Name of the facility: _____

Street
Address: _____

Bus/s _____

District (check one): Central East West North South

Additional Information:

Meeting Code (check all applicable items):

O Open

G General Discussion

C Closed (Addicts Only)

L Literature Study

gay Gay/Lesbian (all are
welcome)

CL Candlelight

M Men's Meeting

S Step Study

W Women's Meeting

T Tradition Study

wc Wheelchair Access

cc Childcare

Meeting Contact and Phone #(not published in schedule):
