

NASSAU COUNTY SPEAKER EXCHANGE:

TOWN:

GROUP NAME:

Contact Name:

Contact EMAIL:

Contact Phone:

MEETS: Fill in each meeting separately. **For Groups that are exchanging more than 2 meetings per week – Copy and Paste to add the information below**.

DAY:

TIME :

VIRTUAL _ IN PERSON _

MEETING TYPE:

****NOTES:**

****WEEKS NOT EXCHANGED:**

DAY:

TIME :

VIRTUAL _ IN PERSON _

MEETING TYPE:

****NOTES:**

****WEEKS NOT EXCHANGED:**

****NOTES:** Optional – Group Conscience requirements for Speakers – ie.. Sober Time- - Specific Topic ie. Step or Tradition # - Format ie.. Speaker 15 minute limit..... etc.....

****WEEKS NOT EXCHANGED:** Please identify the weeks that your Group does not need an outside Speaker. For example - Last Week of the Month - Anniversaries or specific dates.