

# GROUP INFORMATION FORM

For Central Office Meeting Registration and Directory Listings



**LAS VEGAS INTERGROUP CENTRAL OFFICE**

1515 E. Tropicana Ave., Ste 710  
LAS VEGAS, NV 89119  
TEL: (702) 598-1888

**lvaa@lvcentraloffice.org**

MAIL

E-MAIL

DATE \_\_\_\_\_

NEW MEETING?  YES  NO

LIST? DIRECTORY  WEB

MEETING NAME \_\_\_\_\_

MEETING DAY \_\_\_\_\_ MEETING TIME \_\_\_\_\_ AM PM

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ DISTRICT \_\_\_\_\_

**TYPE OF MEETING (Check all that apply)**

<input type="checkbox"/> Open	<input type="checkbox"/> Beginners	<input type="checkbox"/> Access
<input type="checkbox"/> Closed	<input type="checkbox"/> Mens' Stag	<input type="checkbox"/> Signing
<input type="checkbox"/> Speaker	<input type="checkbox"/> Women's	<input type="checkbox"/> Child Care
<input type="checkbox"/> Participation	<input type="checkbox"/> Gay	<input type="checkbox"/> Other
<input type="checkbox"/> Book Study	<input type="checkbox"/> Young People	<input style="width: 100px; height: 20px;" type="text"/>

**TYPE OF MEETING PLACE (Check all that apply)**

<input type="checkbox"/> Church	<input type="checkbox"/> School	<input type="checkbox"/> Park
<input type="checkbox"/> Center	<input type="checkbox"/> Hospital	<input type="checkbox"/> Signing
<input type="checkbox"/> Club	<input type="checkbox"/> Bank / S & L	<input type="checkbox"/> Recovery House
<input type="checkbox"/> Hall	<input type="checkbox"/> Gay	<input type="checkbox"/> Other
<input type="checkbox"/> Office Bldg.	<input type="checkbox"/> Restaurant	<input style="width: 100px; height: 20px;" type="text"/>

## OFFICER INFORMATION (For Meeting Registration)

**SECRETARY**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PH \_\_\_\_\_ CELL \_\_\_\_\_

E-MAIL \_\_\_\_\_

**TREASURER**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PH \_\_\_\_\_ CELL \_\_\_\_\_

E-MAIL \_\_\_\_\_

**LITERATURE PERSON**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PH \_\_\_\_\_ CELL \_\_\_\_\_

E-MAIL \_\_\_\_\_

**INTERGROUP REPRESENTATIVE**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PH \_\_\_\_\_ CELL \_\_\_\_\_

E-MAIL \_\_\_\_\_

**\*\*\*PLEASE UPDATE ANY CHANGES WITH CENTRAL OFFICE (702) 598-1888...THANK YOU!\*\*\***