

**Al-Anon Suffolk Information Service**  
**SPEAKER EXCHANGE MEETING**

**WHO:** TWO (2) MEMBERS from your Group  
**WHEN:** Wednesday, May 6, 2020  
**WHERE:** ASSOCIATION for MENTAL HEALTH & WELLNESS BUILDING  
939 Johnson Ave  
Ronkonkoma, NY  
Entrance in Rear of building to Dining Room

**SIGN IN:** 7:45 P M – 8:00 PM

**MEETING:** 8:00 PM

This Meeting is for ALL Groups in Suffolk County Please come with 6 Completed Copies of "Group Information Sheet" shown below starting with JUNE (2020) to NOVEMBER (2020) Also , Bring Incoming/Outgoing Sheets

**NOTE:** PLEASE –" NO" Exchange will begin until instructed.

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GROUP INFORMATION SHEET

MONTH \_\_\_\_\_

Group Name: \_\_\_\_\_

Address & Special Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TYPE OF MEETING: \_\_\_\_\_ DAY/TIME \_\_\_\_\_

Contact Name: 1) \_\_\_\_\_ Tel # \_\_\_\_\_

2) \_\_\_\_\_ Tel# \_\_\_\_\_

WHO PICKS THE TOPIC \_\_\_\_\_ TIME LIMIT \_\_\_\_\_

**SPEAKER EXCHANGE MEETING**

**SPEAKER "COMING IN FROM"**

**SPEAKER "GOING OUT TO"**

2020

**MONTH** \_\_\_\_\_  
In from: Town \_\_\_\_\_  
Day of Week \_\_\_\_\_ Time: \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Contact Phone No \_\_\_\_\_

**MONTH:** \_\_\_\_\_  
In from: Town \_\_\_\_\_  
Day of Week \_\_\_\_\_ Time: \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Contact Phone No \_\_\_\_\_

**MONTH** \_\_\_\_\_  
In from: Town \_\_\_\_\_  
Day of Week \_\_\_\_\_ Time: \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Contact Phone No \_\_\_\_\_

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In from Town \_\_\_\_\_  
Day of Week \_\_\_\_\_ Time: \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Contact Phone No \_\_\_\_\_

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Day of Week \_\_\_\_\_ Time: \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Contact Phone No. \_\_\_\_\_

**MONTH** \_\_\_\_\_  
In from: Town \_\_\_\_\_  
Day of Week \_\_\_\_\_ Time: \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Contact Phone No \_\_\_\_\_

**MONTH** \_\_\_\_\_ Name going out \_\_\_\_\_  
Out to: Group Name: \_\_\_\_\_  
Day of Week \_\_\_\_\_ Time: \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Contact Phone No \_\_\_\_\_

**MONTH:** \_\_\_\_\_ Name going out \_\_\_\_\_  
Out to: Group Name: \_\_\_\_\_  
Day of Week \_\_\_\_\_ Time: \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Contact Phone No \_\_\_\_\_

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Out to: Group Name \_\_\_\_\_  
Day of Week \_\_\_\_\_ Time: \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Contact Phone Number \_\_\_\_\_

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Contact Phone No \_\_\_\_\_

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Out to :Group Name \_\_\_\_\_  
Day of Week \_\_\_\_\_ Time \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Contact Phone No. \_\_\_\_\_