MEETING LIST CHANGE FORM

Please be sure to fill in all the pertinent information and take special note of those items marked with a star. Incomplete forms will not be processed. Forms without a contact name and number will be discarded.

*CONTACT NAME ____________________________________________

*CONTACT PHONE # __________________________ *DATE SUBMITTED ____________________

* AREA : (Place an X next to the Area) Detroit East ___ Detroit Central ___ Detroit West ___ Detroit Tri-City ___ Western Wayne ___ Monroe ___ Bluewater ___ St. Clair/N Macomb ___ Macomb ___ Oakland ___

* MEETING THAT IS CLOSED AND NEEDS TO BE REMOVED FROM LISTS? YES ___ NO ___

MEETING NAME ___________________________ DAY AND TIME ________________________

* EXISTING MEETING THAT REQUIRES A CHANGE? YES ___ NO ___ (FILL IN ALL THAT APPLY)

CURRENT INFO: MEETING NAME ___________________________ DAY & TIME __________________

NEW NAME ___________________________ NEW DAY _______________ NEW TIME ________________

NEW FACILITY ___________________________ NEW ADDRESS ____________________________

FORMAT (SEE KEY BELOW) (C)___ (O)___ (NS)___ (HA)___ (CF)___ (CN)___ (BF)___ (SS)___ (RF)___ (OS)___ when ___________

DIRECTIONS/SPECIAL INSTRUCTIONS: (CROSS-STREETS, UPSTAIRS, DOWNSTAIRS, DOOR TO ENTER, PARKING, ETC.)

__________________________________________________________________________________

* NEW MEETING? YES ___ NO ___

MEETING NAME ___________________________ DAY _______________ TIME _______________

FACILITY NAME ___________________________ CITY _________________________________

FACILITY ADDRESS __________________________________________________________________

FORMAT (SEE KEY BELOW) (C)___ (O)___ (NS)___ (HA)___ (CF)___ (CN)___ (BF)___ (SS)___ (RF)___ (OS)___ when ___________

DIRECTIONS/SPECIAL INSTRUCTIONS: (CROSS-STREETS, UPSTAIRS, DOWNSTAIRS, DOOR TO ENTER, PARKING, ETC.)

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KEY TO ABBREVIATIONS

(C) Closed meeting (O) Open Meeting (NS) Non-Smoking (HA) Handicapped Accessible (CF) Child Friendly (CN) Common Needs (BF) Barrier Free (SS) Step Study (RF) Rotating Format (OS) Open Speaker

Add comments on the back. Check this line so I’ll know to look! ______

Submit form to M.S.O. 726 Livernois, Ferndale, MI 48220 or email to: boardmso@sbcglobal.net