**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.

.