

# Suffolk Area Speaker Exchange Form

Carry the message.

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

Group Location: \_\_\_\_\_

Location Address: \_\_\_\_\_

\_\_\_\_\_

Day and Time: \_\_\_\_\_

Duration: \_\_\_\_\_

Meeting Format (Speaker, Step, Tradition, Topic, etc.): \_\_\_\_\_

\_\_\_\_\_

Speaker Requirements (ex: clean time, male/female, etc.): \_\_\_\_\_

\_\_\_\_\_

Chairperson's Name: \_\_\_\_\_

Chairperson's Phone Number: \_\_\_\_\_

Speaker's Name: \_\_\_\_\_

Speaker's Phone Number: \_\_\_\_\_