GENERAL SERVICE CONFERENCE

2013 NORTH FLORIDA AREA COMMITTEE 2014

SERVICE COORDINATOR WORKSHOP/ADMINISTRATIVE COMMITTEE REPORT

Workshop/Committee Name: _____Date/Time_____

Service Coordinator/Admin. Comm. Chair:_____

Alt. Coordinator/Admin. Comm. Alt. Chair:_____

Number in attendance _____ Note Taker _____

Theme or Main Topic (Optional): _____

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