GENERAL SERVICE CONFERENCE

2017 NORTH FLORIDA AREA COMMITTEE 2018

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): _____