

# Northern California Hospital and Institution Committee

P.O. Box 192490, San Francisco, CA 94119 [www.handinorcal.org](http://www.handinorcal.org)

<b>Region #:</b>	<b>Region Chair:</b>	<b>Area #:</b>	<b>Area Chair:</b>	<b>As of date:</b>
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<b>FACILITY NAME/UNIT:</b>	
<b>Facility Coordinator Name/Phone/Email:</b>	
Meeting description (gender/format/est # attendees, etc.):	
Address:	
Meeting day/time:	
Inside Contact Name:	
Phone:	Email:
Clearance Contact Name:	
Phone:	Email:

H&I Meeting Coordinator	Clearance exp.	CONTACT PHONES	EMAIL

1 <sup>st</sup> WEEK VOLUNTEER TEAM	Clearance exp.	CONTACT PHONES	EMAIL

2 <sup>nd</sup> WEEK VOLUNTEER TEAM	Clearance Exp	CONTACT PHONES	EMAIL

3 <sup>rd</sup> WEEK VOLUNTEER TEAM	Clearance Exp	CONTACT PHONES	EMAIL

4 <sup>th</sup> WEEK VOLUNTEER TEAM	Clearance Exp	CONTACT PHONES	EMAIL

5 <sup>th</sup> WEEK VOLUNTEER TEAM	Clearance Exp	CONTACT PHONES	EMAIL

ALTERNATES	Clearance Exp	PHONES	EMAIL

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