

Free Support Group Listing Information

(For your second and subsequent groups, fill out only your organization's name.)

Contact information for Organization:

Name: _____

Address: _____

Phone: _____

Email: _____

Website: _____

Group Title: _____

When (Days and times of meetings): _____

Where (Quadrant of Portland, ex: N.E., S.W., etc): _____

Group is for:

18 + years old, or all ages?: _____

Family/friends of sufferers only, sufferers only or both?: _____

Leadership style (please circle one):

Professionally led

Peer Led

12 Step

Description (approx 125 words):

Please send this form back to us using any *one* of the following ways:

Email it back to us using the email version on the Downloads page - clicking where it says:
Submit Listing Info Form by email (This is our preferred method of receiving it.)

By Fax to 1-815-550-2016

Or by mail to:

FreeSupportGroups.com
c/o A Better Way Counseling Center
818 NW 17th Avenue
Suite 3
Portland, OR 97209

Returning this form, along with the Agreement To Be Listed will let us know that you would like to be listed. Please keep a copy of any materials or emails sent or faxed to FreeSupportGroups.com until you receive confirmation that we have received it, in the event it needs to be re-sent. Thank you for the important work you are doing.