



DRUG ACCOUNTABILITY PROGRAM

Denise Janssen, Director djanssen@co.seward.ne.us
Casey Tiemann, Coordinator
ctiemann@co.seward.ne.us

**ATTENDANCE CONFIRMATION
FOR AA/NA MEETINGS**

Name: _____

| Date | Location | Name of Group | Contact Person (Print) | Contact Person Signature | Phone Number |
|------|----------|---------------|------------------------|--------------------------|--------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

*** Please provide your name and phone number in order for our office to confirm attendance. Please contact our office if you have any questions or concerns.**