

**San Diego County Intergroup
OVEREATERS ANONYMOUS
(OA)
OBSERVER/INFORMATION FORM**

Welcome to OA. Thank you for your interest in this 12-Step Program. As a representative of a health care organization, you play an important role in carrying the message of recovery to those who suffer from compulsive eating and other types of eating disorders.

Please take a few minutes to complete this form and hand it to the meeting leader before you leave.

DATE: _____
NAME/TITLE: _____
PROFESSION: _____
ORGANIZATION: _____
ADDRESS: _____

PHONE: _____
EMAIL: _____

I WOULD LIKE A FOLLOW-UP CONTACT REGARDING:

- HOW OA WORKS
- OA LITERATURE
- OA SPEAKER
- OA PANEL PRESENTATION
- HEALTH FAIR (OA PARTICIPATION)
- STARTING AN OA MEETING
- OTHER (Please specify): _____

Since anonymity is the spiritual foundation of our program, we request that you don't mention anything you heard at this meeting to anyone who was not present here. However, if for educational purposes you need to share something you heard with someone who was not at the meeting, please do not identify the person who said it by name or description. It is very important that anonymity be respected since OA meetings are places where people, who may not share their innermost feelings and "secrets" with others, find the courage and willingness to express from their hearts their experiences with food and body image. Therefore, in short:

WHAT YOU HEAR HERE
WHOM YOU SEE HERE
WHEN YOU LEAVE HERE
LET IT STAY HERE

If you have any questions, please contact Overeaters Anonymous, (619) 521-2538.
oasd@sbcglobal.net

THANK YOU.