MEETING NOTICE

Brain Injury Support Group Alliance Presents the

[Your Town/Area]

Brain Injury Peer Support Group

When: [*day of the month*]

Time:

Where:

Contact: [*name and phone number*]

Email: [*if available*]

Peer-to-peer support for individuals who experience head injury, concussion, and brain injury, parents and caregivers. Free parking. Call for directions and topic. Complimentary refreshments provided.

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[your] Area
BRAIN INJURY SUPPORT GROUP
Call: [name and phone number]
Email:

[your] Area
BRAIN INJURY SUPPORT GROUP
Call: [name and phone number]
Email:

[your] Area
BRAIN INJURY SUPPORT GROUP
Call: [name and phone number]
Email:

[your] Area
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