

Group Registration Form for the NEI Meeting List

It is important for groups to register with the NEI so that they may receive informational mailings and be included in the NEI (eastern MA and RI) meeting list. If a new meeting starts, an old one ends, or there is some other important change, PLEASE let us know; don't assume someone else will do the job. Little is more discouraging to a newcomer that a meeting which isn't there. A copy of this form is available on the NEI website at <http://www.slaanei.org/neiforms.html>. Please return the completed form to **New England Intergroup, P.O. Box 1375, Brookline, MA 02446** or scan the completed form and e-mail it to meetinglist@slaanei.org. Thank you.

GROUP INFORMATION (will be published on the meeting list) Today's Date: _____

The following information will go into the NEI meeting list, and the NEI may share it with our Fellowship-Wide Services office (FWS), as they also keep a list of meetings worldwide to help other addicts seeking meeting information (you will also need to register directly with FWS in order to be included in their mailing list).

GROUP NAME (optional): _____

MEETING DAY(s) AND TIME(s): _____

Is the meeting Closed or Open? _____ Publish full address on slaanei.org? _____

Is the meeting location handicap-accessible? (yes/no): _____ Are perfume/ fragrances allowed? (yes/no): _____

Meeting Format (write "yes: for all that apply): CO-S.L.A.A: _____ Literature Study: _____

Speaker: _____ Step: _____ Discussion: _____ Tag Discussion: _____

Special Interest Meeting (be specific, examples: "Women only", "Gay only". Please be mindful of Tradition 3.):

LOCATION (Building/Room): _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

MISCELLANEOUS: _____

NEWCOMER CONTACT INFO (**optional, WILL BE PUBLISHED on paper meeting list**) First name & phone and/or email. Please do not fill in some else's contact information here unless you have explicit permission from them to do so:

GROUP CONTACT INFORMATION (confidential, will NOT be published on meeting list)

Name: _____

Street Address: _____

City, State, Zip: _____

Telephone No.: _____ Send NEI mailings via (check one): E-mail: _____ Regular mail: _____

Email Address: _____

Additional Comments: _____

Name. Address, Phone Email of **NEI GROUP REP**: _____

Send Rep's NEI mailings via (check one): E-mail: _____ Regular mail: _____