

New England Intergroup (NEI) Meeting Information Form

Fill out this form so that NEI has the most up-to-date meeting information for our meeting list which covers Eastern MA and RI and is published four times per year. The meeting list is also used by NEI's 24-hour answering service when newcomers call to attend a meeting for the first time. Each meeting, on a group-by-group basis, should also decide whether to publish their address information on NEI's web site at <http://www.slaanei.org/meetinginfo.html>. If a new meeting starts, one ends, or there is some other important change, PLEASE let us know; don't assume someone else will do it. 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.

NEW MEETING CHANGE OF MEETING INFORMATION CHANGE GROUP CONTACT / REPRESENTATIVE

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

The following information will go into the NEI meeting list, and 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 Handicap-accessible? Y or N Perfume/fragrances allowed? Y or N

Meeting Format (write "yes" for all that apply): Literature Study: _____ Speaker: _____ Step: _____

Discussion: _____ Tag Discussion: _____

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

Publish FULL address on <http://www.slaanei.org>? YES or NO

LOCATION (Building/Room): _____

STREET ADDRESS: _____

CITY _____ STATE _____ ZIP CODE: _____

MISCELLANEOUS: _____

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

(Information below is confidential and will NOT be published on meeting list)

GROUP CONTACT

Name: _____ Email: _____

Address: _____

City _____ State _____ Zip Code: _____

Telephone #: _____ Send NEI mailings via (check one): E-mail*: _____ Regular mail: _____

ALTERNATE GROUP CONTACT

Name: _____ Email: _____

Address: _____

City _____ State _____ Zip Code: _____

Telephone #: _____ Send NEI mailings via (check one): E-mail*: _____ Regular mail: _____

NEI GROUP REPRESENTATIVE

ALTERNATE GROUP REPRESENTATIVE

Name: _____ Email: _____

Address: _____

City _____ State _____ Zip Code: _____

Telephone #: _____ Send NEI mailings via (check one): E-mail*: _____ Regular mail: _____

* If you choose to receive the monthly mailing via email, please also provide your US mail address. When the meeting list is published four times per year, it is sent out only via USMail instead of e-mail.

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