2024 NorthEast Squeeze-In Registration Form
Submit 1 form per person. Couples/partners must submit 2 forms and request each other as roommates.

If you are completing this form by hand, please PRINT clearly. Your email address is VERY important for future communications.	
Name	
Email	
# and Street	
City State ZIP	
Phone	
We will include your name, email, city, and state in a list that will be sent to other attendees before the event unless you decline here: DECLINE	
If you have medical or Cl	PR training, may we call on you in case of emergency? N/A YES NO
Is this your first year	at NESI? YES NO
What free-reed instruments do you play, and at what level (N ovice, I ntermediate, E xpert)?	
Food and Housing	
See the NESI website for detailed information. All registrations include 6 meals (Friday dinner through Sunday lunch). Please make at least 2 ranked housing choices below , with #1 being your first preference. Write the numbers in the boxes. Forms will be returned if this information is not supplied.	
	MAIN BUILDING (has an elevator)
1	person, ensuite 2 people, ensuite 1 person, hall bath
	2 people, hall bath 3 people, hall bath *
1 person, e	FARMHOUSE (bedrooms are up one flight of stairs) ensuite ∰ 2 people, ensuite∰ 1 person, hall bath∰ 2 people, hall bath**
Roommate(s), if any (includes partner)	
Do you need handicapped-accessible housing? Note: Farmhouse bedrooms are on 2 nd floor, no elevator	
Dietary information	vegetarian vegan dairy-free gluten-free food allergies (specify in comment box below)
Comments	

^{*} If you are applying for the low-income discount, note this in the comment box.

^{**} If you and your partner are willing to share a room with only 1 full bed, note this in the comment box. Mailing address: Lynn Hughes, NESI 2024, 1000 Black Birch Lane, Quakertown PA 18951