

SIG Chair Review Form

Internet2 Liaison: NAME

SIG Chair: NAME

Chair phone number:

Chair email address:

Flywheel:

Scribe:

Scheduled Review Date:

Today's Date: _____

1. Did the SIG convene at the Internet2 meetings during the past year? **Y** | **N**
Underline all that apply: FMM | SMM | Winter JT | Summer JT | Other

2. Please provide attendance at each meeting:
 - A. FMM _____
 - B. SMM _____
 - C. WJT _____
 - D. SJT _____
 - E. Other _____

3. Please list the presentations given at meetings.

TITLE	Presenter	Meeting