MANAGERS NETWORK
Meetings / Networks Attended
(Cross collaborative meeting feedback)

Name	
Position	
Organisation	
Phone	
Fax	
Email	

NAME OF MEETING / NETWORK	PURPOSE	FREQUENCY	CATAGORY

[1] **Category:** please use the following letters to indicate the type of meeting:
A=Info Share B=Advocacy C=Consultation D=Advisory E=Joint Project F=Other (please specific)