# Please use this page to provide whatever information you have about January 2023. Please include events postponed du

# Future Event 1 - Complete the information below and sco

Event name Venue / Platform Event organiser Start date End date

Has this event come about because of or been affected by Covid-19? Comments (optional)

What will this event be? Please select the most relevant option. Who is this event for? Please select the most relevant option. Will your event be targeted towards children? No. expected attendees (approx.) Comments (optional)

What is the expected budget for this event? Will there be any contracts associated with this event?

If your answer to either of these questions appears as red text, pleas

Please provide any additional information about the steps you plan to take to host an inclusive event (e.g. accessible venue, travel grants, BSL interpreter, etc.)

# Future Event 2 - Complete the information below and sco

Event name Venue / Platform Event organiser Start date End date

Has this event come about because of or been affected by Covid-19? Comments (optional)

What will this event be? Please select the most relevant option. Who is this event for? Please select the most relevant option. Will your event be targeted towards children? No. expected attendees (approx.)

Comments (optional)

What is the expected budget for this event? Will there be any contracts associated with this event?

#### If your answer to either of these questions appears as red text, pleas

Please provide any additional information about the steps you plan to take to host an inclusive event (e.g. accessible venue, travel grants, BSL interpreter, etc.)

### Future Event 3 - Complete the information below and sco

Event name
Venue / Platform
Event organiser
Start date
End date

Has this event come about because of or been affected by Covid-19? Comments (optional)

What will this event be? Please select the most relevant option. Who is this event for? Please select the most relevant option. Will your event be targeted towards children? No. expected attendees (approx.) Comments (optional)

What is the expected budget for this event? Will there be any contracts associated with this event?

If your answer to either of these questions appears as red text, pleas

Please provide any additional information about the steps you plan to take to host an inclusive event (e.g. accessible venue, travel grants, BSL interpreter, etc.)

# Future Event 4 - Complete the information below and sco

Event name
Venue / Platform
Event organiser
Start date
End date

Has this event come about because of or been affected by Covid-19? Comments (optional)

What will this event be? Please select the most relevant option. Who is this event for? Please select the most relevant option. Will your event be targeted towards children? No. expected attendees (approx.) Comments (optional)

What is the expected budget for this event?

Will there be any contracts associated with this event?

If your answer to either of these questions appears as red text, pleas

Please provide any additional information about the steps you plan to take to host an inclusive event (e.g. accessible venue, travel grants, BSL interpreter, etc.)

#### Future Event 5 - Complete the information below and sco

Event name Venue / Platform Event organiser Start date End date

Has this event come about because of or been affected by Covid-19? Comments (optional)

What will this event be? Please select the most relevant option. Who is this event for? Please select the most relevant option. Will your event be targeted towards children? No. expected attendees (approx.) Comments (optional)

What is the expected budget for this event?
Will there be any contracts associated with this event?

Please provide any additional information about the steps you plan to take to host an inclusive event (e.g. accessible venue, travel grants, BSL interpreter, etc.)

# Future Event 6 - Complete the information below and sco

Event name Venue / Platform Event organiser Start date End date

Has this event come about because of or been affected by Covid-19? Comments (optional)

What will this event be? Please select the most relevant option. Who is this event for? Please select the most relevant option. Will your event be targeted towards children? No. expected attendees (approx.) Comments (optional)

What is the expected budget for this event? Will there be any contracts associated with this event?

#### If your answer to either of these questions appears as red text, pleas

Please provide any additional information about the steps you plan to take to host an inclusive event (e.g. accessible venue, travel grants, BSL interpreter, etc.)

#### Future Event 7 - Complete the information below and sco

Event name Venue / Platform Event organiser Start date End date

Has this event come about because of or been affected by Covid-19? Comments (optional)

What will this event be? Please select the most relevant option. Who is this event for? Please select the most relevant option. Will your event be targeted towards children? No. expected attendees (approx.)

Comments (optional)

What is the expected budget for this event? Will there be any contracts associated with this event?

If your answer to either of these questions appears as red text, pleas

Please provide any additional information about the steps you plan to take to host an inclusive event (e.g. accessible venue, travel grants, BSL interpreter, etc.)

# Future Event 8 - Complete the information below and sco

Event name Venue / Platform Event organiser Start date End date

Has this event come about because of or been affected by Covid-19? Comments (optional)

What will this event be? Please select the most relevant option. Who is this event for? Please select the most relevant option. Will your event be targeted towards children? No. expected attendees (approx.) Comments (optional)

What is the expected budget for this event?

Will there be any contracts associated with this event?

If your answer to either of these questions appears as red text, pleas

Please provide any additional information about the steps you plan to take to host an inclusive event (e.g. accessible venue, travel grants, BSL interpreter, etc.)

#### Future Event 9 - Complete the information below and sco

Event name Venue / Platform Event organiser Start date End date

Has this event come about because of or been affected by Covid-19? Comments (optional)

What will this event be? Please select the most relevant option. Who is this event for? Please select the most relevant option. Will your event be targeted towards children? No. expected attendees (approx.) Comments (optional)

What is the expected budget for this event? Will there be any contracts associated with this event?

If your answer to either of these questions appears as red text, pleas

Please provide any additional information about the steps you plan to take to host an inclusive event (e.g. accessible venue, travel grants, BSL interpreter, etc.)

# Future Event 10 - Complete the information below and sco

Event name Venue / Platform Event organiser Start date End date

Has this event come about because of or been affected by Covid-19? Comments (optional)

If your answer to either of these questions appears as red text, pleas

Please provide any additional information about the steps you plan to take to host an inclusive event (e.g. accessible venue, travel grants, BSL interpreter, etc.)

# Future Event 11 - Complete the information below and sco

Event name
Venue / Platform
Event organiser
Start date
End date

Has this event come about because of or been affected by Covid-19? Comments (optional)

What will this event be? Please select the most relevant option. Who is this event for? Please select the most relevant option. Will your event be targeted towards children? No. expected attendees (approx.)

Comments (optional)

What is the expected budget for this event? Will there be any contracts associated with this event?

If your answer to either of these questions appears as red text, pleas

Please provide any additional information about the steps you plan to take to host an inclusive event (e.g. accessible venue, travel grants, BSL interpreter, etc.)

#### Future Event 12 - Complete the information below and sco

Event name Venue / Platform Event organiser Start date End date

Has this event come about because of or been affected by Covid-19? Comments (optional)

If your answer to either of these questions appears as red text, pleas

Please provide any additional information about the steps you plan to take to host an inclusive event (e.g. accessible venue, travel grants, BSL interpreter, etc.)

# Future Event 13 - Complete the information below and sco

Event name Venue / Platform Event organiser Start date End date

Has this event come about because of or been affected by Covid-19? Comments (optional)

What will this event be? Please select the most relevant option. Who is this event for? Please select the most relevant option. Will your event be targeted towards children? No. expected attendees (approx.)

Comments (optional)

What is the expected budget for this event? Will there be any contracts associated with this event?

If your answer to either of these questions appears as red text, pleas

Please provide any additional information about the steps you plan to take to host an inclusive event (e.g. accessible venue, travel grants, BSL interpreter, etc.)

#### Future Event 14 - Complete the information below and sco

Event name Venue / Platform Event organiser Start date End date

Has this event come about because of or been affected by Covid-19? Comments (optional)

If your answer to either of these questions appears as red text, pleas

Please provide any additional information about the steps you plan to take to host an inclusive event (e.g. accessible venue, travel grants, BSL interpreter, etc.)

# Future Event 15 - Complete the information below and sco

Event name Venue / Platform Event organiser Start date End date

Has this event come about because of or been affected by Covid-19? Comments (optional)

What will this event be? Please select the most relevant option. Who is this event for? Please select the most relevant option. Will your event be targeted towards children? No. expected attendees (approx.)

Comments (optional)

What is the expected budget for this event? Will there be any contracts associated with this event?

If your answer to either of these questions appears as red text, pleas

Please provide any additional information about the steps you plan to take to host an inclusive event (e.g. accessible venue, travel grants, BSL interpreter, etc.)

#### Future Event 16 - Complete the information below and sco

Event name Venue / Platform Event organiser Start date End date

Has this event come about because of or been affected by Covid-19? Comments (optional)

If your answer to either of these questions appears as red text, pleas

Please provide any additional information about the steps you plan to take to host an inclusive event (e.g. accessible venue, travel grants, BSL interpreter, etc.)

# Future Event 17 - Complete the information below and sco

Event name Venue / Platform Event organiser Start date End date

Has this event come about because of or been affected by Covid-19? Comments (optional)

What will this event be? Please select the most relevant option. Who is this event for? Please select the most relevant option. Will your event be targeted towards children? No. expected attendees (approx.)

Comments (optional)

What is the expected budget for this event? Will there be any contracts associated with this event?

If your answer to either of these questions appears as red text, pleas

Please provide any additional information about the steps you plan to take to host an inclusive event (e.g. accessible venue, travel grants, BSL interpreter, etc.)

#### Future Event 18 - Complete the information below and sco

Event name Venue / Platform Event organiser Start date End date

Has this event come about because of or been affected by Covid-19? Comments (optional)

If your answer to either of these questions appears as red text, pleas

Please provide any additional information about the steps you plan to take to host an inclusive event (e.g. accessible venue, travel grants, BSL interpreter, etc.)

# Future Event 19 - Complete the information below and sco

Event name Venue / Platform Event organiser Start date End date

Has this event come about because of or been affected by Covid-19? Comments (optional)

What will this event be? Please select the most relevant option. Who is this event for? Please select the most relevant option. Will your event be targeted towards children?

No. expected attendees (approx.)

Comments (optional)

What is the expected budget for this event? Will there be any contracts associated with this event?

If your answer to either of these questions appears as red text, pleas

Please provide any additional information about the steps you plan to take to host an inclusive event (e.g. accessible venue, travel grants, BSL interpreter, etc.)

#### Future Event 20 - Complete the information below and sco

Event name Venue / Platform Event organiser Start date End date

Has this event come about because of or been affected by Covid-19? Comments (optional)

If your answer to either of these questions appears as red text, pleas

Please provide any additional information about the steps you plan to take to host an inclusive event (e.g. accessible venue, travel grants, BSL interpreter, etc.)

# Future Event 21 - Complete the information below and sco

Event name Venue / Platform Event organiser Start date End date

Has this event come about because of or been affected by Covid-19? Comments (optional)

What will this event be? Please select the most relevant option. Who is this event for? Please select the most relevant option. Will your event be targeted towards children? No. expected attendees (approx.)

Comments (optional)

What is the expected budget for this event? Will there be any contracts associated with this event?

If your answer to either of these questions appears as red text, pleas

Please provide any additional information about the steps you plan to take to host an inclusive event (e.g. accessible venue, travel grants, BSL interpreter, etc.)

#### Future Event 22 - Complete the information below and sco

Event name Venue / Platform Event organiser Start date End date

Has this event come about because of or been affected by Covid-19? Comments (optional)

If your answer to either of these questions appears as red text, pleas

Please provide any additional information about the steps you plan to take to host an inclusive event (e.g. accessible venue, travel grants, BSL interpreter, etc.)

# Future Event 23 - Complete the information below and sco

Event name Venue / Platform Event organiser Start date End date

Has this event come about because of or been affected by Covid-19? Comments (optional)

What will this event be? Please select the most relevant option. Who is this event for? Please select the most relevant option. Will your event be targeted towards children? No. expected attendees (approx.)

Comments (optional)

What is the expected budget for this event? Will there be any contracts associated with this event?

If your answer to either of these questions appears as red text, pleas

Please provide any additional information about the steps you plan to take to host an inclusive event (e.g. accessible venue, travel grants, BSL interpreter, etc.)

# Future Event 24 - Complete the information below and sco

Event name Venue / Platform Event organiser Start date End date

Has this event come about because of or been affected by Covid-19? Comments (optional)

What will this event be? Please select the most relevant option. Who is this event for? Please select the most relevant option. Will your event be targeted towards children? No. expected attendees (approx.) Comments (optional)

What is the expected budget for this event?

Will there be any contracts associated with this event?

If your answer to either of these questions appears as red text, pleas

Please provide any additional information about the steps you plan to take to host an inclusive event (e.g. accessible venue, travel grants, BSL interpreter, etc.)

# Future Event 25 - Complete the information below and sco

Event name Venue / Platform Event organiser Start date End date

Has this event come about because of or been affected by Covid-19? Comments (optional)

What will this event be? Please select the most relevant option. Who is this event for? Please select the most relevant option. Will your event be targeted towards children? No. expected attendees (approx.) Comments (optional)

What is the expected budget for this event?
Will there be any contracts associated with this event?

If your answer to either of these questions appears as red text, pleas

Please provide any additional information about the steps you plan to take to host an inclusive event (e.g. accessible venue, travel grants, BSL interpreter, etc.)

#### Future Event 26 - Complete the information below and sco

Event name Venue / Platform Event organiser Start date End date

Has this event come about because of or been affected by Covid-19? Comments (optional)

What will this event be? Please select the most relevant option. Who is this event for? Please select the most relevant option. Will your event be targeted towards children? No. expected attendees (approx.) Comments (optional)

What is the expected budget for this event? Will there be any contracts associated with this event?

If your answer to either of these questions appears as red text, pleas

Please provide any additional information about the steps you plan to take to host an inclusive event (e.g. accessible venue, travel grants, BSL interpreter, etc.)

#### Future Event 27 - Complete the information below and sco

Event name Venue / Platform Event organiser Start date End date

Has this event come about because of or been affected by Covid-19? Comments (optional)

What will this event be? Please select the most relevant option. Who is this event for? Please select the most relevant option. Will your event be targeted towards children? No. expected attendees (approx.)

Comments (optional)

What is the expected budget for this event?
Will there be any contracts associated with this event?

If your answer to either of these questions appears as red text, pleas

Please provide any additional information about the steps you plan to take to host an inclusive event (e.g. accessible venue, travel grants, BSL interpreter, etc.)

# Future Event 28 - Complete the information below and sco

Event name Venue / Platform Event organiser Start date End date

Has this event come about because of or been affected by Covid-19? Comments (optional)

What will this event be? Please select the most relevant option. Who is this event for? Please select the most relevant option. Will your event be targeted towards children? No. expected attendees (approx.) Comments (optional)

What is the expected budget for this event? Will there be any contracts associated with this event?

If your answer to either of these questions appears as red text, pleas

Please provide any additional information about the steps you plan to take to host an inclusive event (e.g. accessible venue, travel grants, BSL interpreter, etc.)

# Future Event 29 - Complete the information below and sco

Event name Venue / Platform Event organiser Start date End date

Has this event come about because of or been affected by Covid-19? Comments (optional)

What will this event be? Please select the most relevant option. Who is this event for? Please select the most relevant option. Will your event be targeted towards children? No. expected attendees (approx.) Comments (optional)

What is the expected budget for this event?
Will there be any contracts associated with this event?

If your answer to either of these questions appears as red text, pleas

Please provide any additional information about the steps you plan to take to host an inclusive event (e.g. accessible venue, travel grants, BSL interpreter, etc.)

#### Future Event 30 - Complete the information below and sco

Event name
Venue / Platform
Event organiser
Start date
End date

Has this event come about because of or been affected by Covid-19? Comments (optional)

What will this event be? Please select the most relevant option. Who is this event for? Please select the most relevant option. Will your event be targeted towards children? No. expected attendees (approx.) Comments (optional)

What is the expected budget for this event? Will there be any contracts associated with this event?

If your answer to either of these questions appears as red text, pleas

Please provide any additional information about the steps you plan to take to host an inclusive event (e.g. accessible venue, travel grants, BSL interpreter, etc.)

any events your committee are planning from 1 e to the Covid-19 pandemic.

| o to the Covia 10 partacime.              |                   |
|---|-------------------|
|   |                   |
|   |                   |
| II down to add another example            |                   |
| Online quiz - 'The Chemistry of Winter'   |                   |
| Zoom                                      | Back to top       |
| Robert Goldmann/Craig Milsted             | _                 |
| 25.01.23                                  | Pack to shocklist |
| 25.02.23                                  | Back to checklist |
| New ording event on a result of Cavid 40  | ٦                 |
| New online event as a result of Covid-19  | -                 |
|   |                   |
|   |                   |
| Social Event<br>All                       |                   |
| No  |                   |
| 1   | 0                 |
|   |                   |
|   |                   |
|   | _                 |
| £ -                                       |                   |
| No  | -                 |
| se contact the Networks Team for guidance |                   |
| Not applicable                            | 7                 |
| TWO applicable                            |                   |
|   |                   |
|   |                   |
|   |                   |
| II down to add another example            |                   |
| ii dowii to add another example           |                   |
| Online networking eventwith cake          | Pack to top       |
| Zoom                                      | Back to top       |
| Emilia Bertolo                            |                   |
| 21.02.23                                  | Back to checklist |
| 21.03.25                                  | <u> </u>          |
| New online event as a result of Covid-19  | 7                 |
| TYON OTHER OVOITE AS A TOOLER OF COVID TO |                   |
|   |                   |
| Networking Event                          | 7                 |
| Consultants                               |                   |
| No  |                   |
| 2   | 0                 |
|   |                   |
|   |                   |

| se contact the Networks Team for guidance |                          |
|---|--------------------------|
| Not applicable                            |                          |
|   |                          |
|   |                          |
|   |                          |
| Il down to add another example            |                          |
|   |                          |
| Winter walk at the White Cliffs of Dover  | Back to top              |
| Outdoor activity Robert Goldmann          |                          |
| 25.02.23                                  | Back to checklist        |
| 25.02.23                                  | <u>Back to checklist</u> |
| No  |                          |
|   |                          |
|   |                          |
| Social Event                              |                          |
| RSC Members<br>No                         |                          |
| 110                                       |                          |
|   |                          |
|   |                          |
| £ 1.00<br>No                              |                          |
| se contact the Networks Team for guidance |                          |
| - Contact the Networks Team for galacine  |                          |
|   |                          |
|   |                          |
|   |                          |
|   |                          |
| Il down to add another example            |                          |
|   |                          |
|   | Back to top              |
|   |                          |
|   | Back to checklist        |
|   |                          |
|   |                          |
|   |                          |
|   |                          |
|   |                          |
|   |                          |
|   |                          |
| · -                                       |                          |
|   |                          |

| se contact the Networks Team for guidance |                   |
|---|-------------------|
|   |                   |
|   |                   |
|   |                   |
|   |                   |
|   |                   |
|   |                   |
| II down to add another example            |                   |
|   |                   |
|   | Back to top       |
|   |                   |
|   | Pack to shooklist |
|   | Back to checklist |
|   |                   |
|   |                   |
|   |                   |
|   |                   |
|   |                   |
|   |                   |
|   |                   |
|   |                   |
|   |                   |
|   |                   |
|   |                   |
|   |                   |
|   |                   |
|   |                   |
|   |                   |
|   |                   |
|   |                   |
| II down to add another example            |                   |
| il down to add another example            |                   |
|   |                   |
|   | Back to top       |
|   |                   |
|   | Back to checklist |
|   |                   |
|   |                   |
|   |                   |
|   |                   |
|   |                   |
|   |                   |
| <u> </u>                                  |                   |
|   |                   |
|   |                   |
|   |                   |
|   |                   |
|   |                   |

| se contact the Networks Team for guidance |                                |
|---|--------------------------------|
|   |                                |
|   |                                |
|   |                                |
|   |                                |
| II down to add another example            |                                |
|   |                                |
|   | Back to top                    |
|   | Dook to checklist              |
|   | Back to checklist              |
|   |                                |
|   |                                |
|   |                                |
|   |                                |
|   |                                |
|   |                                |
|   |                                |
|   |                                |
| se contact the Networks Team for guidance |                                |
|   |                                |
|   |                                |
|   |                                |
|   |                                |
|   |                                |
| II down to add another example            |                                |
| II down to add another example            |                                |
| II down to add another example            | Back to top                    |
| Il down to add another example            | Back to top                    |
| Il down to add another example            | Back to top  Back to checklist |
| Il down to add another example            |                                |
| Il down to add another example            |                                |
| Il down to add another example            |                                |
| Il down to add another example            |                                |
| Il down to add another example            |                                |
| Il down to add another example            |                                |
| Il down to add another example            |                                |

| to contact the Networks Team for guidance |                                |
|---|--------------------------------|
| se contact the Networks Team for guidance |                                |
|   |                                |
|   |                                |
|   |                                |
|   |                                |
| II down to add another example            |                                |
|   |                                |
|   | Back to top                    |
|   |                                |
|   | Back to checklist              |
|   |                                |
| I   |                                |
|   |                                |
|   |                                |
|   |                                |
|   |                                |
|   |                                |
|   |                                |
|   |                                |
| se contact the Networks Team for guidance |                                |
| -   |                                |
|   |                                |
|   |                                |
|   |                                |
|   |                                |
|   |                                |
| oll down to add another example           |                                |
| oll down to add another example           | Rock to ton                    |
| oll down to add another example           | Back to top                    |
| oll down to add another example           |                                |
| oll down to add another example           | Back to top  Back to checklist |
| oll down to add another example           |                                |
| oll down to add another example           |                                |
| oll down to add another example           |                                |
| oll down to add another example           |                                |
| bil down to add another example           |                                |
| oll down to add another example           |                                |
| pil down to add another example           |                                |

| se contact the Networks Team for guidance |                   |
|---|-------------------|
|   |                   |
|   |                   |
|   |                   |
|   |                   |
|   |                   |
| oll down to add another example           |                   |
| on down to dud direction oxampio          |                   |
|   | Back to top       |
|   | Back to tob       |
|   |                   |
|   | Back to checklist |
|   |                   |
|   |                   |
|   |                   |
|   |                   |
|   |                   |
|   |                   |
|   |                   |
|   |                   |
|   |                   |
|   |                   |
| a contact the Nativersia Team for midding |                   |
| se contact the Networks Team for guidance |                   |
|   |                   |
|   |                   |
|   |                   |
|   |                   |
|   |                   |
| oll down to add another example           |                   |
| <u> </u>                                  |                   |
|   | Back to top       |
|   |                   |
|   | Back to checklist |
|   |                   |
|   |                   |
|   |                   |
|   |                   |
|   |                   |
|   |                   |
|   |                   |
|   |                   |
|   |                   |

| so contact the Networks Team for suidence |  |
|---|--|
| se contact the Networks Team for guidance |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
| oll down to add another example           |  |
|   |  |
|   | Back to top  |
|   |  |
|   | Back to checklist  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
| se contact the Networks Team for guidance |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
| oll down to add another example           |  |
|   |  |
|   | Back to top  |
|   |  |
|   | Back to checklist  |
|   | Back to checklist  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   | the state of the s |

| so contact the Networks Team for suidence |  |
|---|--|
| se contact the Networks Team for guidance |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
| oll down to add another example           |  |
|   |  |
|   | Back to top  |
|   |  |
|   | Back to checklist  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
| se contact the Networks Team for guidance |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
| oll down to add another example           |  |
|   |  |
|   | Back to top  |
|   |  |
|   | Back to checklist  |
|   | Back to checklist  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   | the state of the s |

| so contact the Networks Team for suidence |  |
|---|--|
| se contact the Networks Team for guidance |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
| oll down to add another example           |  |
|   |  |
|   | Back to top  |
|   |  |
|   | Back to checklist  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
| se contact the Networks Team for guidance |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
| oll down to add another example           |  |
|   |  |
|   | Back to top  |
|   |  |
|   | Back to checklist  |
|   | Back to checklist  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   | the state of the s |

| so contact the Networks Team for suidence |  |
|---|--|
| se contact the Networks Team for guidance |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
| oll down to add another example           |  |
|   |  |
|   | Back to top  |
|   |  |
|   | Back to checklist  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
| se contact the Networks Team for guidance |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
| oll down to add another example           |  |
|   |  |
|   | Back to top  |
|   |  |
|   | Back to checklist  |
|   | Back to checklist  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   | the state of the s |

| as contact the Networks Team for guidence |                    |
|---|--------------------|
| se contact the Networks Team for guidance |                    |
|   |                    |
|   |                    |
|   |                    |
| oll down to add another example           |                    |
|   | Back to top        |
|   | <u>Buok to top</u> |
|   | Back to checklist  |
|   |                    |
|   |                    |
|   |                    |
|   |                    |
|   |                    |
|   |                    |
|   |                    |
| se contact the Networks Team for guidance |                    |
|   |                    |
|   |                    |
|   |                    |
|   |                    |
| oll down to add another example           |                    |
|   | Back to top        |
|   |                    |
|   | Back to checklist  |
|   |                    |
|   |                    |
|   |                    |
|   |                    |
|   |                    |
|   |                    |

| se contact the Networks Team for guidance |                   |
|---|-------------------|
|   |                   |
|   |                   |
|   |                   |
| oll down to add another example           |                   |
| on down to add another example            |                   |
|   | Back to top       |
|   |                   |
|   | Back to checklist |
|   |                   |
|   |                   |
|   |                   |
|   |                   |
|   |                   |
|   |                   |
|   |                   |
| se contact the Networks Team for guidance |                   |
|   |                   |
|   |                   |
|   |                   |
| oll down to add another example           |                   |
|   |                   |
|   | Back to top       |
|   | Back to checklist |
|   | <u> </u>          |
|   |                   |
|   |                   |
|   |                   |
|   |                   |
|   |                   |
| ı — — — — — — — — — — — — — — — — — — —   |                   |

| se contact the Networks Team for guidance |                   |
|---|-------------------|
|   |                   |
|   |                   |
|   |                   |
| pll down to add another example           |                   |
|   | Back to top       |
|   | Back to checklist |
|   | Back to checklist |
|   |                   |
|   |                   |
|   |                   |
|   |                   |
|   |                   |
| se contact the Networks Team for guidance |                   |
|   |                   |
|   |                   |
| all down to odd another exemple           |                   |
| oll down to add another example           |                   |
|   | Back to top       |
|   | Back to checklist |
|   |                   |
|   |                   |
|   |                   |
|   |                   |
|   |                   |
| se contact the Networks Team for guidance |                   |
| occurace the Networks reall for guidance  |                   |

| oll down to add another example           |                   |
|---|-------------------|
|   | Back to top       |
|   | Back to checklist |
|   |                   |
|   |                   |
|   |                   |
|   |                   |
|   |                   |
| se contact the Networks Team for guidance |                   |
|   |                   |
|   |                   |
| oll down to add another example           |                   |
|   | Back to top       |
|   | Back to checklist |
|   |                   |
|   |                   |
|   |                   |
|   |                   |
|   |                   |
| se contact the Networks Team for guidance |                   |
|   |                   |
|   |                   |

| oll down to add another example   |                                |
|---|--------------------------------|
|   |                                |
|   | Back to top                    |
|   |                                |
|   |                                |
|   | Back to checklist              |
|   |                                |
|   |                                |
|   |                                |
|   |                                |
|   |                                |
|   |                                |
|   |                                |
|   |                                |
| 1   |                                |
|   |                                |
| se contact the Networks Team for guidance                                   |                                |
|   |                                |
|   |                                |
|   |                                |
|   |                                |
|   |                                |
|   |                                |
|   |                                |
| oll down to add another example   |                                |
| oll down to add another example   |                                |
| oll down to add another example   | Back to top                    |
| oll down to add another example   | Back to top                    |
| oll down to add another example   |                                |
| oll down to add another example   | Back to top  Back to checklist |
| oll down to add another example   |                                |
| oll down to add another example   |                                |
| oll down to add another example   |                                |
| oll down to add another example   |                                |
| oll down to add another example   |                                |
| oll down to add another example   |                                |
| oll down to add another example   |                                |
| oll down to add another example   |                                |
| oll down to add another example   |                                |
|   |                                |
| bill down to add another example  be contact the Networks Team for guidance |                                |
|   |                                |
|   |                                |
|   |                                |