# ASCILITE SIG Annual Renewal Form

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| SIG name |  |  |
| Submitted by |  |  |
| Date |  |  |

#### SIG Leaders

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| --- | --- | --- | --- |
| Current SIG Leader / Co Leader names\* | Email | Leader = A Co-leader = B | Current ASCILITE Member? Y/N |
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\*Maximum 4 leaders and co-leaders

#### SIG Committee names (if applicable):

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| Committee member name | Institution |
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#### Describe the SIG activities undertaken during the year and what was achieved (please include quantitative data where applicable):

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#### What, if any, was the SIG’s greatest achievement this calendar year?

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#### Do you wish to continue as an ASCILITE SIG next year? (Y/N)

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#### What are the SIG’s reasons for renewing/discontinuing as an ASCILITE SIG?

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#### If renewing, what are your SIG plans for next year, e.g. type of activity, frequency, dates and costs (if applicable)?

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#### Please email this competed form, together with any relevant supporting documents to the ASCILITE Secretariat secretariat@ascilite.org by the due date.