

SIG Review Form

Name of reviewer _____

Name of SIG and Chair _____

Topic _____

Required criterion

Minimum criteria met (20 members)? ___ Yes ___ No (**stop review here**) Total number _____

Additional rating criteria:

1. Chair and Co-chair from different countries?	___ Yes ___ No
2. Application question #5, SIGs scope and intent clearly relates to INS	___ Yes ___ No
3. Application question #6, clear tentative plan for meeting of the SIG	___ Yes ___ No
4. Application question #7, goals for SIG are reasonable and consistent with INS	___ Yes ___ No
5. Application question #8, statement of purpose or by-laws are reasonable	___ Yes ___ No
6. Inclusion of multinational INS members (i.e., North American and Non-North American, or multiple Non-North American countries)?	___ Yes ___ No
7. Inclusion of student members/trainees?	___ Yes ___ No