# NERA NETWORK REPORT FORM

Dear convener, please fill in the form with necessary information provided for your network and its activities and return it to the NERA board via Elisabeth.Bjornestad@hioa.no by the 15th of May.

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| **Report year** |  |
| **Name of NERA network**  |  |
| Name, institution and e-mail of Convener |  |
| Approx. Number of members in the network |  |
| Activities at this year’s congress: |
| Did the network have a pre-conference?  |  |
| Number of paper session |  |
| Number of symposia  |  |
| Other presentation formats (roundtables, posters) |  |
| Approx. Attendance at the network sessions |  |
| Quality and significance of this year’s paper presentations and discussions to the network |  |
| Approx. Attendance at the network meeting |  |
| Election of convenor *(if changes please fill in new name and e-mail)* |  |
| Activities outside the congresses |
| Activities between congresses |  |
| Any other information/orientations about the network |  |