

**IMB NETWORK OF SPEAKERS**

**RECORD OF ORGANISATIONS CONTACTED**

REPORTING PERIOD: .....

REGION .....

CO-ORDINATOR .....

<b>NAME OF ORGANISATION CONTACTED</b>	<b>DETAILS OF CONTACT PERSON WITHIN THE ORGANISATION</b>	<b>NAME OF IMB MEMBER RESPONSIBLE FOR THIS CONTACT</b>	<b>DETAILS</b>

