CLUSTER
COMMUNICATION PROPOSAL form

# Date:

## Name

|  |  |
| --- | --- |
|  |  |

## Contact information

|  |  |
| --- | --- |
|  | E-mail address and/or phone number |

## Working Group

|  |  |
| --- | --- |
|  |  |

## Content

|  |  |
| --- | --- |
|  | What do you want CLUSTER to communicate about? |

## Timing

|  |  |
| --- | --- |
|  | When do you want to communicate? Are there any deadlines? |