State Youth Treatment – Implementation (SYT-I)
Infrastructure Events Form

Agency ____________________________ Month/Year ____________________________

**MEETINGS**

<table>
<thead>
<tr>
<th>Meeting Date:</th>
<th>Start Time:</th>
<th>End Time:</th>
</tr>
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**Purpose / Topic of Meeting:**

**Participants (who meeting was with):**

- [ ] Face- to-Face
- [ ] Telephone
- [ ] Conference Call
- [ ] Visual conferencing (e.g. Zoom)
- [ ] Webinar

**Additional Information/Notes:**

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**Additional Information/Notes:**

Revised 4/1/16

Please scan and email to: Heather Hershberger at heather-hershberger@uiowa.edu
## PRESENTATIONS

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