

**Conference of Radiation Control Program Directors, Inc.  
Working Group Meeting Request Form *(Includes Teleconferencing)***

**Working Group**

**Chairperson**

**Date of Last Formal Meeting:**

**Proposed Meeting Information**

1. **Meeting Date (Beginning):** **Time:**  
**Meeting Date (Ending):** **Time:**

2. **Location:** *(Include Justification)*

3. **Anticipated Attendees** *(please list):*

|  |
|--|
| <p><i>(Please check)</i> Advisors advised of meeting.</p> <p><input type="checkbox"/> <i>(Please check)</i> Resource persons advised of meeting.</p> |
|--|

4. **Special Needs:**    meeting room charges    speaker phone,    use of privately owned vehicles  
                                 rental car                                    business center charges,    (POV in lieu of airfaire)  
                                 audio-visual                                    long distance phone calls    extended stay

Itemized individual cost for special needs:

5. **State the objectives of this meeting** *(preferably in bullet format)* **and include the relationship to the CRCPD Strategic Plan goals and objectives** (agenda attached):

| Meeting Objective(s) | Strategic Plan Relationship | In Support of Milestone Task (s) |
|----------------------|-----------------------------|----------------------------------|
|                      |                             |                                  |

**Working Group Chairperson**

Date

**Council Chairperson**

Date

NOTE: This form is to be submitted to the Council Chairperson for approval with a copy to Office of Executive Director (OED). Once approved by the Council Chairperson, this request will be sent to OED with appropriate signature.

For OED Use Only

**Cost Estimate for Proposed Meeting:**

**Monies Available from Council**

**Charge to:**

**Signature, OED Executive Office Manager**

**Date**