

**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):*

(Please check) Advisors advised of meeting.
 (Please check) Resource persons advised of meeting.

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