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) Meeting Date (Ending):	: Time: Time:	
2.	Location: (Include Justification	1)	
3.	Anticipated Attendees (pl	ease list):	
			heck) Advisors advised of meeting. heck) Resource persons advised of meeting.
4.	Special Needs: meeting reretal can	audia viaual	es, use of privately owned vehicles (POV in lieu of airfaire) extended stay
Itemized list of any A/V needs:			
5.	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)
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	Working Group Chairperson	1	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	