

(9-94)
NRCMD 3.5

PUBLIC MEETING ANNOUNCEMENT DATA INPUT

NEW

REVISED

(Fields with shaded headings are mandatory)

NRC MEETING CONTACT

NAME	COMMERCIAL TELEPHONE <i>(Include Area Code)</i>	FACSIMILE TELEPHONE <i>(Include Area Code)</i>
Catherine Haney	(301) 415 - 6825	(301) 415 - 5389

MEETING DATE(S) AND TIME(S) (up to three entries)

MEETING DATE(S) <i>(Use MM/DD/YY format)</i>		MEETING TIME(S) <i>(Circle a.m. or p.m.)</i>	
FROM	TO	BEGINNING	ENDING
6/7/00	6/7/00	2:00	3:00
		<input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.
		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

MEETING LOCATION

BUILDING	TWO WHITE FLINT	STREET ADDRESS	11545 ROCKVILLE PIKE
ROOM NUMBER	8F12	CITY AND STATE	ROCKVILLE, MD

PURPOSE OF MEETING (96 characters available)

Discuss Part 35 training and experience requirements for physicians.

COMMENTS (96 characters available)

MEETING (CHECK ONE)

- PUBLIC
- NON-PUBLIC

DOCKET OR PROJECT NUMBER

and/or

FACILITY NAME

ORGANIZATIONS IN ATTENDANCE

NRC OFFICES/REGIONS

(Offices only -- DO NOT use Divisions, Branches, etc.)

OUTSIDE PARTICIPANTS

(Company/Licensee/Agency Names -- avoid abbreviations)

NMSS

American College of Radiation Oncology Representatives

APPROVAL -- (Required for fewer than 10 calendar days advance notice)

SIGNATURE -- BRANCH CHIEF

DATE

1 June 00

RETURN THIS FORM TO:

MEETING NOTICE COORDINATOR, MAIL STOP T-6 D8
FACSIMILE (301) 415-5130, TELEPHONE (301) 415-7092, E-MAIL: PMNS