

July 26, 2006

Mr. Jared W. Thompson, Past Chair  
Organization of Agreement States  
Radioactive Materials Program  
Arkansas Department of Health  
and Human Services  
P. O. Box 1437, Mail Slot H-30  
Little Rock, AR 72203-1437

Dear Mr. Thompson:

The U.S. Nuclear Regulatory Commission (NRC) is holding a meeting with representatives of the Organization of Agreement States (OAS) and the Conference of Radiation Control Program Directors on September 12, 2006, from 9:30 a.m. to 11:30 a.m., in the NRC's Conference Room on the first floor of the Headquarters Building at One White Flint North, Rockville, Maryland. I am inviting you to attend this meeting as a representative of the OAS.

NRC will reimburse you for travel expenses to attend this meeting in accordance with Federal Travel Regulations. I am enclosing a Travel Registration Form. Please return this form to Ms. Brenda Usilton no later than two weeks prior to travel. Any questions about travel should be directed to Ms. Usilton at 301-415-2348.

I look forward to seeing you on September 12, 2006, and thank you for your support of this meeting.

Sincerely,

*/RA/*  
Janet R. Schlueter, Director  
Office of State and Tribal Programs

Enclosure:  
As stated

cc: B. Hamrick, Chair  
Organization of Agreement States

July 26, 2006

Mr. Paul S. Schmidt, Chair-Elect  
Organization of Agreement States  
Radiation Protection Section  
Division of Public Health  
Wisconsin Department of Health  
and Family Services  
P. O. Box 2659  
Madison, WI 53701-2659

Dear Mr. Schmidt:

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cc: B. Hamrick, Chair  
Organization of Agreement States

J. W. Thompson  
P. S. Schmidt

July 26, 2006

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OFFICE	STP:D								
NAME	JRSchueter:kk								
DATE	7/26/06								

**OFFICIAL RECORD COPY**

**- TRAVEL REGISTRATION FORM -  
COMMISSION MEETING WITH OAS AND CRCPD  
ON SEPTEMBER 12, 2006**

**NAME:** \_\_\_\_\_

**STATE:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WORK PHONE NUMBER:** \_\_\_\_\_

**SS#:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**TRAVEL DATES:** \_\_\_\_\_

**DEPARTURE CITY (AIRPORT):** \_\_\_\_\_

**DATE OF DEPARTURE:** \_\_\_\_\_

Please note anything unusual and provide reason: \_\_\_\_\_

**DATE OF RETURN:** \_\_\_\_\_

Please note anything unusual and provide reason: \_\_\_\_\_

**COST OF AIRFARE** (from Carlson Travel): \_\_\_\_\_

Flight Number (e.g., UA 210) \_\_\_\_\_

Arrival Time (4:23 p.m. July 9) \_\_\_\_\_

**IF YOU ARE DRIVING, INDICATE ROUND TRIP MILES:** \_\_\_\_\_

**LODGING ARRANGEMENTS MADE:** (YES) \_\_\_ (NO) \_\_\_

Please fax or e-mail this information to Brenda Usilton at (301) 415-3502 by 5 p.m. (EDT) a minimum of two weeks prior to the review.