

<b>NRC FORM 549</b> <small>(9-94) NRCMD 3.5</small>		<b>U.S. NUCLEAR REGULATORY COMMISSION</b>		<b>MEETING</b> <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED		<b>MEETING NOTICE NUMBER</b> <small>(FOIA/LPDR BRANCH WILL COMPLETE)</small>	
<b>PUBLIC MEETING ANNOUNCEMENT DATA INPUT</b> <small>(Fields with shaded headings are mandatory)</small>							
<b>NRC MEETING CONTACT</b>							
<b>NAME</b>				<b>COMMERCIAL TELEPHONE</b> <small>(Include Area Code)</small>		<b>FACSIMILE TELEPHONE</b> <small>(Include Area Code)</small>	
Kevin Ramsey				(301) 415 - 7887		(301) 415 - 5369	
<b>MEETING DATE(S) AND TIME(S) (up to three entries)</b>							
<b>MEETING DATE(S) (Use MM/DD/YY format)</b>				<b>MEETING TIME(S) (Circle a.m. or p.m.)</b>			
FROM		TO		BEGINNING		ENDING	
6/20/0		6/21/0		8:30		4:00	
				<input checked="" type="checkbox"/> a.m. <input 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.	
<b>MEETING LOCATION</b>							
<b>BUILDING</b>				<b>STREET ADDRESS</b>			
Texas Dept. of Health Exchange Building				8407 Wall Street			
<b>ROOM NUMBER</b>				<b>CITY AND STATE</b>			
110				Austin, TX 78754			
<b>PURPOSE OF MEETING (96 characters available)</b>							
NRC/Agreement State working group to review materials event reporting and assessment processes.							
<b>COMMENTS (96 characters available)</b>							<b>MEETING</b> <small>(CHECK ONE)</small>
Focus will be the collection, evaluation, and dissemination of nonreactor event data.							<input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> NON-PUBLIC
<b>DOCKET OR PROJECT NUMBER</b>				<b>FACILITY NAME</b>			
N/A							
<b>ORGANIZATIONS IN ATTENDANCE</b>							
<b>NRC OFFICES/REGIONS</b> <small>(Offices only -- DO NOT use Divisions, Branches, etc.)</small>				<b>OUTSIDE PARTICIPANTS</b> <small>(Company/Licensee/Agency Names -- avoid abbreviations)</small>			
NMSS				Organization of Agreement States			
OSP				Conference of Radiation Control Program Directors			
RIV							
RES							
IRO							
<b>APPROVAL -- (Required for fewer than 10 calendar days advance notice)</b>							
SIGNATURE -- BRANCH CHIEF						DATE	
RETURN THIS FORM TO:							
MEETING NOTICE COORDINATOR, MAIL STOP T-6 D8 FACSIMILE (301) 415-5130, TELEPHONE (301) 415-7092, E-MAIL: PMNS							