

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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Janet R. Schlueter, Director
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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	JRSchlueter:kk								
DATE	7/26/06								

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**- 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.