

MEETING AND OTHER COMMUNICATIONS FORM

FOR ANY MEETINGS OR OTHER COMMUNICATIONS, WHETHER IN-PERSON OR THROUGH TELEPHONE OR OTHERWISE, PLEASE IDENTIFY:

Date of meeting or other communication: _____

Initiated by / Sender(s) (Please provide Name, Title, and Company):

Attendees / Recipient(s) (Please provide Name, Title, and Company):

Subject Matter(s):

Action taken by DOE in response to the meeting or other communication:

THIS FORM WAS COMPLETED BY (PLEASE PROVIDE YOUR NAME, ORGANIZATION CODE, AND PHONE NUMBER):

NOTE: PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.