**Food and Drug Administration
Center for Veterinary Medicine, HFV-
7500 Standish Place
Rockville, Maryland 20855**

A1. DATE:

A2. MULTIPLE DOCUMENTS:

A3. DOCUMENT ID:

The applicant,   , submits a request for a meeting or teleconference.   This information is submitted in electronic form.

I.   Meeting/Teleconference:

1.   NAME(S) OF DRUG(S):

2.   SPECIES OF ANIMALS: PRODUCTION CLASS:

3.   PROPOSED DATE(S) AND TIME(S):
           Alternative Dates:

4.   PURPOSE OF MEETING:

5.   APPLICANT PARTICIPANTS:

6.   REQUESTED CVM PARTICIPANTS:

7.   TYPE OF MEETING:
           In Person Conference   Teleconference   Video Teleconference
           Other (Specify):

8.   AUDIO-VISUAL REQUIREMENTS:
           Slides   Overhead   Computer Projection
           Other (Specify):

9.   MEETING REQUEST PREVIOUSLY SUBMITTED TO CVM: YES   NO
           If Yes,   9a. Date Submitted to CVM: 9b. CVM Submission Identifier:

II.   Comments:

If you have additional comments that you would like to include in this submission please press the Insert Comments button below. All comments must be included within a PDF document.

III. Meeting Agenda:

Please press the Insert Agenda button to include your proposed meeting agenda. All meeting agendas must be included within a PDF document.

IV. Applicant Information:

1.   Name:
2a.   Address:
2b.   Address 2:
2c.   City: 2d. State/Prov:
2e.   Country: 2f. Postal Code:

3.   Contact Name:
4.   Contact Phone Number:
5.   Contact Fax Number:
6.   Contact E-Mail Address: