

DEPARTMENT OF HEALTH AND HUMAN SERVICES Food and Drug Administration Center for Veterinary Medicine	Request For A Meeting Or Teleconference	Form Approved: OMB No. 0910-0452 Expiration Date: 05/31/2010
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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:
- 2e. Country:
- 2d. State/Prov:
- 2f. Postal Code:
- 3. Contact Name:
- 4. Contact Phone Number:
- 5. Contact Fax Number:
- 6. Contact E-Mail Address: