

**Voluntary Children's Chemical Evaluation Program (VCCEP)  
Xylenes Peer Consultation Meeting Registration Form**

**Registration Deadline: December 1, 2005  
Comment Submission: December 1, 2005**

**Location:** NKU METS Center  
Erlanger, Kentucky

**Dates & Times:  
December 13-14, 2005**

**Title (Dr., Mrs., Mr., Ms.):** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Professional Title:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Address :** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

<b>Check the appropriate box(es).</b>	<input type="checkbox"/>	Attending meeting on site.
	<input type="checkbox"/>	Attending meeting via Webcast.
	<input type="checkbox"/>	Not attending meeting, submitting comments.
	<input type="checkbox"/>	Submitting written comments.
	<input type="checkbox"/>	Submitting written comments and will present oral comments at meeting.
	<input type="checkbox"/>	No comments submitted.

You should receive a registration confirmation within two days, if you do not please contact, Ms. Patricia Nance at 513-542-7475x25 or [nance@tera.org](mailto:nance@tera.org). Please submit your complete registration form and written comments via **fax or e-mail** to:

**Ms. Patricia Nance  
Xylenes VCCEP Peer Consultation Meeting  
Phone: 513-542-7475 x25  
Fax: 513-542-7487  
E-mail: [nance@tera.org](mailto:nance@tera.org)**