

400545

Department of Health
Washington

Dear Doctor [Name]

Thank you for the information you have provided regarding your schedule, the number of people on your staff, and the approximate dates of your trip so that we may make appropriate arrangements. We will be happy to help in any way you desire.

If you will provide us with this information it will enable us to make the necessary arrangements. It is our understanding that you will be in the area of the work planned at [Location]. This meeting may be scheduled at a later date as it will not be essential for making arrangements for your trip.

Sincerely yours,

Paul J. [Name]
Chief, [Department]
Division of [Department] and Medicine

cc: Donald R. [Name]

From
NMB-N

1194

OFFICE				
DATE				

DEPARTMENT OF HEALTH, EDUCATION & WELFARE