

Request for Controlled Meeting

UAH Point of Contact (Name, Email, Phone	Number):			-
UAH Sponsoring Center/Department:				_
Director of UAH Sponsoring Center/Departm	ent:			_
Contract Number:				_
Customer Name:				_
Government Sponsor/Customer:				_
Level/Type of Information (Choose One):	SECRET	CUI	EXPORT CONTROL	
Date of Proposed Meeting:				_
Overall Number of Attendees: UAH Attendees: Non-UAH Attendees:				
Scope of the Meeting:				
Signature of Director of HAH Suggesting Co	nt o n/D o m o nton		Data	_
Signature of Director of UAH Sponsoring Ce			Date	ر. 1
Once it is complete, please email this feall 256-824-6035.	orm to vare	emaii@ua	an.edu. 11 you nave any	questions, pleas
Fo	r ORS Inter	nal Use O	only	
Denise Spiller, Director of Office of Research	n Security		Date	_
Dr. Robert Lindquist, VP for Research & Economic Development			Date	_