

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Nomination of Member for Official U.S. Delegation

(Date)

TO: Director, Office of International Affairs

Through:

(Agency) nominates _____
(Individual)

(Title)

to be a member of the U.S. Delegation to the _____
(Meeting)

_____ of the _____
(International Organization)

_____ at _____
(Place)

on _____ Estimated cost _____
(Date)

Funding Source _____

(Signature)

(Title)

(Agency)

HHS Security Approval
International Meeting

_____ Approved _____ Disapproved

Date

(Signature)

(Director, Office of International Affairs)