

FERNALD PUBLIC INVOLVEMENT WORKSHOP

SIGN-IN SHEET

July 14, 1997, Alpha Building, Classroom D, 6 p.m.

Name: Joe Schomaker

Affiliation: _____

Address: _____

City/State/Zip: _____

Phone: _____

Name: Tisha Patton

Affiliation: _____

Address: _____

City/State/Zip: _____

Phone: _____

Name: Gene Wicks

Affiliation: _____

Address: _____

City/State/Zip: _____

Phone: _____

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SIGN-IN SHEET

July 14, 1997, Alpha Building, Classroom D, 6 p.m.

Name: Larry Stebbins

Affiliation: ENVOY

Address: _____

City/State/Zip: _____

Phone: _____

Name: Theresa Schomaker

Affiliation: ENVOY

Address: _____

City/State/Zip: _____

Phone: _____

Name: Laura Hayer

Affiliation: _____

Address: _____

City/State/Zip: _____

Phone: _____

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SIGN-IN SHEET

July 14, 1997, Alpha Building, Classroom D, 6 p.m.

Name: Lisa Crawford
Affiliation: FRESH
Address: _____
City/State/Zip: _____
Phone: _____

Name: PAM DUNN
Affiliation: FRESH
Address: _____
City/State/Zip: _____
Phone: _____

Name: Lucy Mueller
Affiliation: CRO
Address: _____
City/State/Zip: _____
Phone: _____

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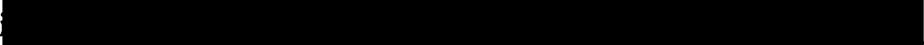
SIGN-IN SHEET

July 14, 1997, Alpha Building, Classroom D, 6 p.m.

Name: ROBERT M' CULLOUGH

Affiliation: FDF

Address: 

City/State/Zip: 

Phone: 

Name: Tom Schneider

Affiliation: Ohio EPA.

Address: _____

City/State/Zip: _____

Phone: _____

Name: BOB TAYLOR

Affiliation: _____

Address: _____

City/State/Zip: _____

Phone: _____

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SIGN-IN SHEET

July 14, 1997, Alpha Building, Classroom D, 6 p.m.

Name: Vicky Dastillung

Affiliation: _____

Address: _____

City/State/Zip: _____

Phone: _____

Name: CARY STORER

Affiliation: CROSBY TRUSTEE

Address: _____

City/State/Zip: _____

Phone: 

Name: Dick CRAIG

Affiliation: DOE

Address: _____

City/State/Zip: _____

Phone: _____

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July 14, 1997, Alpha Building, Classroom D, 6 p.m.

Name: Betty C McKay

Affiliation: _____

Address: _____

City/State/Zip: _____

Phone: _____

Name: Johnny Ruiz

Affiliation: _____

Address: _____

City/State/Zip: _____

Phone: _____

Name: Dessale Keljore

Affiliation: _____

Address: _____

City/State/Zip: _____

Phone: _____

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SIGN-IN SHEET

July 14, 1997, Alpha Building, Classroom D, 6 p.m.

Name: Edna Yocum

Affiliation: ERESH, Inc

Address: _____

City/State/Zip: _____

Phone: _____

Name: Julie Doering

Affiliation: Fluor Daniel Fernald

Address: _____

City/State/Zip: _____

Phone: _____

Name: Steve Wentzel

Affiliation: FDF Envoy

Address: _____

City/State/Zip: _____

Phone: _____

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July 14, 1997, Alpha Building, Classroom D, 6 p.m.

Name: Sue Berman

Affiliation: DOE

Address: _____

City/State/Zip: _____

Phone: _____

Name: Jim Chandler

Affiliation: Korcher RCF - J. Payne

Address: _____

City/State/Zip: _____

Phone: _____

Name: Mike Jacobs

Affiliation: DOE

Address: _____

City/State/Zip: _____

Phone: _____

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July 14, 1997, Alpha Building, Classroom D, 6 p.m.

Name: SHARON C. CORNWELL

Affiliation: _____

Address: _____

City/State/Zip: _____

Phone: _____

Name: Jeanne Foster

Affiliation: _____

Address: _____

City/State/Zip: _____

Phone: _____

Name: Terry Hagen

Affiliation: _____

Address: _____

City/State/Zip: _____

Phone: _____

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July 14, 1997, Alpha Building, Classroom D, 6 p.m.

Name: Gary Stegner

Affiliation: _____

Address: _____

City/State/Zip: _____

Phone: _____

Name: See Walpole

Affiliation: _____

Address: _____

City/State/Zip: _____

Phone: _____

Name: Amy Engle

Affiliation: _____

Address: _____

City/State/Zip: _____

Phone: _____

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July 14, 1997, Alpha Building, Classroom D, 6 p.m.

Name: Katny Graham

Affiliation: _____

Address: _____

City/State/Zip: _____

Phone: _____

Name: John Applegate

Affiliation: Fernald Community Advisory Board

Address: _____

City/State/Zip: _____

Phone: _____

Name: Tricia Thompson

Affiliation: _____

Address: _____

City/State/Zip: _____

Phone: _____

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July 14, 1997, Alpha Building, Classroom D, 6 p.m.

Name: Graham Mitchell

Affiliation: OEPA

Address: _____

City/State/Zip: _____

Phone: _____

Name: Gen Jablonowski

Affiliation: USEPA

Address: §

City/State/Zip: _____

Phone: _____

Name: Sue Paster

Affiliation: USEPA

Address: _____

City/State/Zip: _____

Phone: _____