**INTERNAL AGENDA**

**Name O. Person, Title of Person [Palatino / Times New Roman Bold 10pt]**

Organization / City / Department [Palatino / Times New Roman Regular 10pt]

Month Day, Year

Draft / Final

Instructions

Closed-toe, flat shoes must be worn by tour participants

Contact information is provided on the following pages

Agenda

**00:00-00:00 Type agenda item here [Palatino / Times New Roman Bold 10pt]**

Type name(s) here [Palatino / Times New Roman Regular 10pt]

 Type extra info here if necessary

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 Type extra info here if necessary

Contact

Name O. Contact [Palatino / Times New Roman Regular 10pt]

Phone: xxx-xxx-xxxx | email: name@fnal.gov

Participants

Name O. Contact xxx-xxx-xxxx cell or office | email: name@fnal.gov

Name O. Contact xxx-xxx-xxxx cell or office | email: name@fnal.gov

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