

STATE VISITS

Advocacy Day Visits

State Legislators Follow-up Report

Name of Participant(s): _____ Date of Visit: _____

Name of Legislator: _____ Name(s) of Legislator's Staff: _____

PLEASE FILL OUT (1) FORM FOR EACH OF YOUR MEETINGS (REQUIRED FOR CE CREDIT).

ISSUE	VISIT TYPE	POSITION	SPECIFIC COMMENTS	FOLLOW-UP NEEDED
	<input type="checkbox"/> Discussion <input type="checkbox"/> Materials Drop	<input type="checkbox"/> Supports <input type="checkbox"/> Opposes <input type="checkbox"/> Neutral		
	<input type="checkbox"/> Discussion <input type="checkbox"/> Materials Drop	<input type="checkbox"/> Supports <input type="checkbox"/> Opposes <input type="checkbox"/> Neutral		
	<input type="checkbox"/> Discussion <input type="checkbox"/> Materials Drop	<input type="checkbox"/> Supports <input type="checkbox"/> Opposes <input type="checkbox"/> Neutral		
	<input type="checkbox"/> Discussion <input type="checkbox"/> Materials Drop	<input type="checkbox"/> Supports <input type="checkbox"/> Opposes <input type="checkbox"/> Neutral		

Return completed form following your visits.