



Allergy & Asthma Day

Capitol Hill

CONGRESSIONAL MEETINGS FEEDBACK FORM

Participant Name: _____

State: _____

MEETING 1

Member of Congress: _____

Was the Member present? Yes No

Congressional Staff Person: _____ (name/title)

Meeting Details:

Did the Member (or staff) agree to our request(s)? (please explain) _____

Additional details - Any follow-up or information requested? _____

How would you rate this meeting overall? Excellent Good Fair Poor

Explain: _____

MEETING 2

Member of Congress: _____

Was the Member present? Yes No

Congressional Staff Person: _____ (name/title)

Meeting Details:

Did the Member (or staff) agree to our request(s)? (please explain) _____

Additional details - Any follow-up or information requested? _____

How would you rate this meeting overall? Excellent Good Fair Poor

Explain: _____

MEETING 3

Member of Congress: _____

Was the Member present? Yes No

Congressional Staff Person: _____ (name/title)

Meeting Details:

Did the Member (or staff) agree to our request(s)? (please explain) _____

Additional details - Any follow-up or information requested? _____

How would you rate this meeting overall? Excellent Good Fair Poor

Explain: _____

MEETING 4

Member of Congress: _____

Was the Member present? Yes No

Congressional Staff Person: _____ (name/title)

Meeting Details:

Did the Member (or staff) agree to our request(s)? (please explain) _____

Additional details - Any follow-up or information requested? _____

How would you rate this meeting overall? Excellent Good Fair Poor

Explain: _____

Please leave completed form at Reception or send via email to Charmayne Anderson, Director of Advocacy at canderson@allergyasthmanetwork.org. Thank you.