

Meeting Recap Form

After your meeting please fill out this form and email it to:

Your Name: _____ Date of Meeting _____

Name of group/individual you met with: _____

Title of Contact _____

Contact email address _____

Contact phone number _____

Category:

- DME PROVIDER
- LEGISLATOR
- ADVOCACY GROUP
- OPINION LEADER
- OTHER

Status of support on legislative initiative(s):

SUPPORT OPPOSE UNDECIDED

Next steps:

