



NURSES' ON-SITE LEGISLATIVE
OUTREACH REPORT FORM

Your name _____

Name of legislator (State Representative or Senator, U.S. Representative or Senator):

Date of meeting _____ Location of meeting _____

Who was at the meeting? (including fellow RNs and MNA staff)

Name, title and contact info of staffer you talked to or met with (get business card)

What's your overall impression of the meeting and the legislator's response?

What questions/concerns/suggestions did the legislator or staffer have? Any follow-up needed?

Is there anything else that your fellow nurses or MNA staff should know?

(feel free to write on the back of this sheet if needed)