

# Legislative Visit Report

Feedback from your visits allows MPA to plan future advocacy and to identify potential allies in our legislative campaigns. Each MPA member is asked to complete a Legislative Visit Report for each meeting attended.

Name of Legislator \_\_\_\_\_  
*(If you met with a staff member instead of the legislator, indicate staff member's and legislator's name.)*

District \_\_\_\_\_ Meeting Date \_\_\_\_\_ Meeting Time \_\_\_\_\_

House/Senate Bill Number \_\_\_\_\_  
(circle all that apply)

Is a Cosponsor   Will Cosponsor   Will Support   Will Not Support   No Comment

Did the legislator or staff person ask for additional information on an issue or bill? If so, what?

\_\_\_\_\_

Were other issues discussed in your meeting? If so, what?

\_\_\_\_\_

Are there any additional opportunities for follow-up?

\_\_\_\_\_

Please use the space below to provide any additional information you feel may be beneficial.

\_\_\_\_\_

\_\_\_\_\_

Your Name \_\_\_\_\_ Phone \_\_\_\_\_

Your e-mail \_\_\_\_\_

*Please return the completed form to the MPA office.*

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Michigan Pharmacists  
ASSOCIATION