CONVERSATION WITH MEMBER OF CONGRESS OR MEMBER'S STAFF

1. TO: OFFICE OF CONGRESSIONAL AND INTERGOVERNMENTAL AFFAIRS(S)	2. TIME:	3. DATE

4. TYPE OF CONTACT

☐ **VISIT** ☐ **TELEPHONE**

5. NAME AND TITLE OF MEMBER OF CONGRESS	6. HOME STATE
	7. TELEPHONE NUMBER

8. SUBJECT

9. SUMMARY OF CONVERSATION

10. FURTHER ACTION REQUIRED

☐ YES *(Explain)* ☐ NO

11. NAME AND SIGNATURE OF PERSON HAVING CONVERSION	12. CORRESPONDENCE SYMBOL
	13. TELEPHONE NUMBER

14. SIGNATURE OF REVIEWING OFFICIAL	15. TITLE	16. DATE