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Congressman David G. Reichert

Member of Congress Washington's 8th Congressional District

District Congressional Office 22605 SE 56th St, Ste 130 Issaquah, WA 98029 Toll Free: 877-920-9208

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www.reichert.house.gov

District Scheduling Request Form

| | | | Pie | ease print legibly | | | |
|---|-------------|---------------|--------------------|-------------------------------|--|----------------------|---------------|
| Name: | | | | Phone #: | | | |
| Organization: | | | | Mobile #: | | | |
| Possible Dates: | | | | Email Address: | | | |
| Total Time Requested: | | | | Mailing Address: | | | |
| Where a (Please provide ad different than distri | ddress if | | | | | | |
| What is the Pu | arpose? | | | | | | |
| Attendees: | | (Please qu | antify and list no | table attendees. Space is lim | ited in the Congressm | an's office, maximum | of 8 people.) |
| Is this a: (Please Circle) | | Meeting Event | | | Will Press be Invited: (Please Circle) | | No |
| | (Please Cir | | ak? | Yes | | No | |
| If Yes, what are the details? (Podium, microphone, order of speakers, topic) | | | | | | | |
| | | kers, topic) | | | | | |
| Background/ Briefing: | | | | | | | |
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| (Please include any briefing papers, background information, agenda, speaking points, etc, or indicate the day and the materials that will be provided, at least 7 days in advance of event.) | | | | | | | |
| Please allow 10 business days to process and respond to your request. | | | | | | | |

You can submit your request to:

Fax: 425-270-3589 Mail: 22605 SE 56th St, Ste 130, Issaquah, WA 98029