



PENNSYLVANIA OPTOMETRIC ASSOCIATION

Legislative Encounter Report

Doctor Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Legislator's Name: \_\_\_\_\_

Date of Encounter: \_\_\_\_\_

Please check the box(es) that describe this encounter:

Fundraiser

Personal Check Amount \$ \_\_\_\_\_

POPAC Check Amount \$ \_\_\_\_\_

District Office Visit

Harrisburg Office Visit

Other (please describe): \_\_\_\_\_

Summary of Encounter/Comments/Recommended Follow-up:

Your legislator:

SAID he/she SUPPORTS optometry's position on this issue.

Issue(s):

SAID he/she does NOT support optometry's position on this issue.

Issue(s):

Was not-committal on this issue.

Issue(s):

This visit was not for a specific issue.

Return this form via fax to (717) 233-6833 or e-mail to llene@poaeyes.org.

TO E-MAIL: 1) Type information into applicable fields; 2) "SAVE AS" to your computer, adding your name to the saved file name (i.e. POA-LER-Your Name.pdf); 3) attach to an e-mail.