



**National Psoriasis Foundation Capitol Hill Day
 Meeting Report Back Form
 March 3, 2008**

CAPITOL HILL DAY PARTICIPANT NAME: _____

OFFICE VISITED: Senator/Representative: _____ State: _____

List the names of any staff from the member's office that were present for the meeting:

- Present for entire meeting
 Part of meeting
 Not present

List the names of other Psoriasis Foundation volunteers present for the meeting:

Does the senator/representative or staff have any personal connection to psoriasis/psoriatic arthritis (i.e., family member or friend affected)? Please explain.

Did the senator/representative or staffer agree to:

<i>Advocacy action item</i>	<i>Yes</i>	<i>No</i>	<i>Maybe</i>	<i>Comments</i>
Co-sponsor the Psoriasis and Psoriatic Arthritis Research, Cure , and Care Act?				
Support increased funding for NIH and psoriasis/psoriatic arthritis research?				
<i>Fair Shake Campaign:</i> Did you secure the name and phone number of the district staff for you to contact about scheduling a local meeting with the representative/senator?				

PLEASE BE SURE TO COMPLETE BOTH SIDES OF THIS FORM

**PLEASE RETURN THIS FORM DURING THE REPORT-BACK SESSION AT THE LATHAM
 HOTEL ON MARCH 3 OR FAX IT TO ALYSSA BROWN AT 503.245.0626.**



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DESCRIBE ANY CONCERNS/QUESTIONS RAISED BY MEMBER/STAFF:

DESCRIBE ANY FOLLOW-UP REQUIRED WITH THIS OFFICE—E.g., ITEMS YOU PROMISED OR THAT THE NATIONAL PSORIASIS FOUNDATION NEEDS TO PROVIDE:

ADDITIONAL COMMENTS:

Please include any additional information about what was discussed in this meeting and any other thoughts regarding follow-up from your meeting.

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