

National Bike Summit[®]



Congressional Meeting Feedback Form

Member of Congress: _____

Met with: Staff Member Both

Staff person name: _____

Names of all Bike Summit participants and their interest groups:

Issues Discussed:

- | | | | |
|---|-------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> Sign on to the Congressional Resolution | <i>Sign?</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Sign on to the Complete Streets Bill | <i>Sign?</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Support National Park Service Centennial Funding | <i>Support?</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Join or Rejoin the Congressional Bike Caucus | <i>Will Join?</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Attend Safe Routes or other District cycling event | <i>Attend?</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Other: _____ | | | |

Reactions/Comments: _____

Follow Up:

■ Thank You note assigned to: _____

■ Material / Information requested? If so, what and who will coordinate response?

■ Home visit will take place when? _____ Where? _____

■ Who will follow-up on the visit? _____

Preferred form of follow-up: E-Mail Phone Fax District Mtg.

