



LEGISLATIVE REPORT
(Please fill out one form for each contact)

Name: _____

Hospice: _____

City: _____ Phone: _____

Who did you meet with? (Senator, Representative, Aide, etc.) _____

Remember to send a thank you note. ☺

What issues were discussed and what was the outcome?

Did the legislator have any personal experience with hospice? If so, what were the circumstances?

Please return your report to the MHPCO registration table by 2 PM today or
Mail or fax to the MHPCO office no later than March 16, 2010.
12800 Escanaba Drive, Ste. E, DeWitt, MI 48820 – Fax: (517) 668-6492
(Please use reverse side for additional comments)