



Office of Senator Dianne Feinstein

SCHEDULING REQUEST FORM

DIRECTIONS: Please read carefully fill out all fields.
Completed form should be faxed to: **202-228-3953**

Indicate one: _____ Meeting Request
 _____ Event Invitation

Date of Requested Meeting/Event: _____

Time of Event or Availability for Meeting: _____

Location: _____ Washington, DC
 _____ California Name of Town: _____

Purpose of Meeting/Event: _____

Name of Organization (if any): _____

Names of Participants: _____

Contact Information for Meeting/Event:

Name: _____

Phone Number: _____

Email: _____

Additional Info: _____
