

## Request to Attend A.B.A.T.E. of Illinois Washington Trip

Personal Info	rmation – Please	Print Clearly	
Full Name: (No Nicknames)	Last	First	M.I.
Address:	Street Address		Apartment/Unit #
	City	State	ZIP Code
Home Phone:		Alternate Phone:	
Email:			
Chapter Name:			
District (Circle One)	NE NW EC W	C SE SW Are you a member of the MRF? Yes N	lo AMA? Yes No
Legislative Experience Information			
US Congressional District Number or Official Name/s:			
I do not know the above information:			
Have you attended an A.B.A.T.E. of IL Legislative Day in Springfield? Yes No # of years attended:			
Will you be attending Legislative Day in Springfield in 2018? Yes No			
Have you attended a Washington, DC Trip in prior years? Yes No What year(s)?			
Have you personally met with your legislator(s) to discuss A.B.A.T.E. legislative issues? Yes No			
Have you met with your elected officials to discuss A.B.A.T.E. issues? Yes No How often?			
In a few words, tel	ll us why you would b	e a good candidate to represent A.B.A.T.E. of IL in DC.	
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USE BACK SIDE IF NEEDED

Return your completed form to: Josh Witkowski, Legislative Coordinator, joshua.witkowski@gmail.com