



Decision-Maker Meeting Feedback Form

Name of decision-maker: _____

Position: _____

Reason this person is critical to your campaign:

Campaign priority being discussed and focus of community mobilization effort:

Name(s) of staff present: _____

Date of meeting:

Names of grassroots attending meeting and relationship to decision-maker:

Was the decision-maker supportive of your position?

Yes _____ No _____ Undecided _____

Comments:

Does decision-maker have a personal relationship to your issue?

Yes _____ No _____

Please specify:

Would the decision-maker like more information on the issue?

Yes _____ No _____

Please specify:

Specifically, what is decision-maker's favorite source for news? (TV, print, radio, blogs, etc)

Following the conclusion of the meeting, has a thank-you note been sent?

Yes _____ No _____

Please return to:
 [NAME, FAX #, EMAIL ADDRESS]