

CCA Legislative Visit Reporting Form

Tuesday, March 7, 2017

Complete One Form for Each Legislative Visit.



Your information will help us develop a summary of who is with us and at what level regarding the bills important to us. Thank you for your participation!

Your Name _____

Your Email _____

Senate District _____ OR Assembly District _____

Name of the Legislator (or Staffer) _____

Conservative Care In Workers' Compensation: Solution To The Opioid Epidemic

What is the legislator's level of commitment for supporting our position?

- Very Likely
- Likely Somewhat Likely
- Not Very Likely
- Not Likely

Senate Bill 746 - Pre-Athletic Sports Physicals

What is the legislator's level of commitment for supporting our position?

- Very Likely
- Likely Somewhat Likely
- Not Very Likely
- Not Likely

Workers' Compensation: End The 24-Visit Cap

What is the legislator's level of commitment for supporting our position?

- Very Likely
- Likely Somewhat Likely
- Not Very Likely
- Not Likely

Briefly describe your meeting and any follow-up necessary:

Provide completed form to the CCA Registration desk or fax completed form CCA at 916.648.2738.

For the online meeting follow-up form, go to: <http://tinyurl.com/2017LegCon>