



2020 Capitol Hill Day Legislative Appointment Feedback Form

NAIOP Chapter: _____

Elected Official: _____

Met With:

Elected Official

Staffer (name and title) _____

NAIOP Members in Attendance: _____

Issues Discussed: _____

If specific follow-up with our office is required, please specify below.

On a scale of 1 through 5, with 1 being positive and 5 being negative, how would you rate the Congressional visit?

1 ____ 2 ____ 3 ____ 4 ____ 5 ____

List the NAIOP issues that were supported: _____

List the NAIOP issues that were opposed: _____

Other Comments: _____

PLEASE RETURN TO BETH GULDING: gulding@naiop.org