CONVERSATION WITH MEMBER OF CONGRESS OR MEMBER'S STAFF			
1. TO: OFFICE OF CONGRESSIONAL INTERGOVERNMENTAL AFFA	_ AND	TIME	3. DATE
4. TYPE OF CONTACT VISIT	П	TELEPHONE	
5. NAME AND TITLE OF MEMBER OF CONGRESS			6. HOME STATE
			7. TELEPHONE NUMBER
8. SUBJECT			
9. SUMMARY OF CONVERSATION			
10. FURTHER ACTION REQUIRED			
YES (Explain) NO			
11. NAME AND SIGNATURE OF PERSON HAVING CONVE	ERSATION		12. CORRESPONDENCE SYMBOL
			13. TELEPHONE NUMBER
14. SIGNATURE OF REVIEWING OFFICIAL	15TITLE		16. DATE