



**U. S. REPRESENTATIVE YVETTE D. CLARKE  
MEMBER, 11<sup>TH</sup> DISTRICT NEW YORK**

Washington Office  
1029 Longworth HOB  
Washington, DC 20515  
(p) (202) 225-6231  
(f) (202) 226-0112

Brooklyn Office  
123 Linden Blvd., 4<sup>th</sup> Floor  
Brooklyn, NY 11226  
(p) (718) 287-1142  
(f) (718) 287-1223

**DC Meeting Scheduling Request Form**

**Meeting Date(s):** \_\_\_\_\_

**Available Times:** \_\_\_\_\_

**Organization/Individual Name:** \_\_\_\_\_

**Number of attendees:** \_\_\_\_\_ **Constituents attending?** Yes No

**Congresswoman requested?** Yes No

**Additional Staff requested:** \_\_\_\_\_

**Issues to be discussed:** \_\_\_\_\_  
(include any bill numbers)  
\_\_\_\_\_  
\_\_\_\_\_

**Contact person and title:** \_\_\_\_\_

**Day phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Names of attendees:** \_\_\_\_\_  
(include titles)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Please fax or e-mail completed forms to Mary Bishop at:  
(202) 226-0112  
mary.bishop@mail.house.gov

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