



**U. S. REPRESENTATIVE YVETTE D. CLARKE
MEMBER, 11TH DISTRICT NEW YORK**

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Event Scheduling Request Form

Event Date: _____ **Event Time:** _____

Event Name: _____

Sponsoring Organization: _____

Location: DC NY **Congresswoman requested?** Yes No **Complimentary tickets?** Yes No N/A

Other staff invitees: _____

Type of Event: ___ Reception ___ Media ___ Fundraising ___ Speech Other: _____

Event Location: _____
(include cross streets)

Speech requested? ___ Yes ___ No **Topic:** _____

Best arrival time: _____ **Best departure time:** _____ **Event end time:** _____

Primary contact person: _____ **Day phone:** _____

Cell phone: _____ **E-mail:** _____

Secondary contact person: _____ **Day phone:** _____

Cell phone: _____ **E-mail:** _____

Event description: _____

Dress code required: _____

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