# Sample Meeting Request Form

Month X, 20XX

The Honorable **<first and last name>**

**<local office address>**

**<city>, <state> <zip>**

Dear **<Congressman or Senator\_last name>**:

I am an oral and maxillofacial surgeon and a constituent, currently practicing/residing in <practice/residence town included in congressional district.>

I would like to request an appointment for myself **<and –number- of local colleagues>** to meet with you and your health care aide to discuss some significant policy issues affecting how oral and maxillofacial surgeons in your **<district or state>** are able to provide care to patients—and your constituents. [**I would like to request a meeting between <time slot> on <date> at <your local office located in <town>.] OR [I would like to invite you to tour my <practice/hospital> between <time slot> on <date> in <town>.]**

Specifically, we are seeking support **<insert AAOMS priority legislation in paragraph form here with short descriptions>.**

Thank you, **<Congressman/Congresswoman/Senator\_Last name>**, for your consideration of this request. I will follow up with your scheduler to confirm an appointment. If your office would prefer to contact me sooner, I can be reached at **<your area code and phone number/ e-mail address>**.

I look forward to the opportunity to meet with you and to discuss the legislative priorities of the specialty.

Sincerely,

**<your name>**

**<your street address>**

**<your city, state, zip>**

**<your phone number>**

**<your email>**