

Texas Physical Therapy Association
Grassroots Activity Report Form

Name:

TPTA District:

Email:

Phone:

TPTA LEGISLATIVE CONTACT

Legislator Name:

Legislator's District:

Date Visited:

Did you meet with: Legislator Staff Both Other

Legislative Staff (include Title, if available):

Location of Meeting:

Issue(s) Discussed:

Remarks:

Specify appropriate follow-up contacts/ telephone calls/ Information needed, etc.:

Email this completed form to Rachel Hardegree at rhardegree@tpta.org