



# Office of Senator Dianne Feinstein

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## SCHEDULING REQUEST FORM

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**DIRECTIONS:** Please read carefully fill out all fields.  
Completed form should be faxed to: **202-228-3953**

Indicate one:      \_\_\_\_\_ Meeting Request  
                             \_\_\_\_\_ Event Invitation

Date of Requested Meeting/Event: \_\_\_\_\_

Time of Event or Availability for Meeting: \_\_\_\_\_

Location:      \_\_\_\_\_ Washington, DC  
                             \_\_\_\_\_ California      Name of Town: \_\_\_\_\_

Purpose of Meeting/Event: \_\_\_\_\_

Name of Organization (if any): \_\_\_\_\_

Names of Participants: \_\_\_\_\_  
\_\_\_\_\_

Contact Information for Meeting/Event:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Additional Info: \_\_\_\_\_  
\_\_\_\_\_