VISITOR REQUEST SHEET

(Please do not call or write directly to the person. All visits are coordinated through the TRTA office only.)

REQUEST FOR A VISIT TO: Select Local

Person requesting visit:

NAME:

ADDRESS:

CITY: STATE: ZIP CODE:

TELEPHONE:

E-Mail ADDRESS:

1. Have you had a state or national representative visit your local within the last two years? Select a res

2. If yes, list the name of the representative visiting your local:

3. If you have a choice of whom you would like to have visit your local, please indicate:

   a) First Choice:

   b) Second Choice:

   c) Third Choice:

4. Your choices for dates:

   a) First Choice Date: Time: Place:

   b) Second Choice Date: Time: Place:

   c) Third Choice Date: Time: Place:

5. Do you have a specific topic or area of information you want covered? List below:

We will make every possible effort to comply with your request. An early reply from you will mean an early response from our office. If we have an early reply, then you will have the information in time to use in your yearbook.

REQUEST SHEETS SHOULD BE COMPLETED AND RETURNED TO:

Duran Williams
TRTA Office
801 Second Avenue North
Nashville, TN 37201-1099

Confirmation date: _____ Person confirming: _____

Date copies mailed to RTA and Person making visit: _____