

VISITOR REQUEST SHEET

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

REQUEST FOR	R A VISIT TO:				
Person requesting visit:		NAME:			
		ADDRESS:			
		CITY:		STATE:	ZIP CODE:
		TELEPHONE:		STITL.	Zii cobi.
		E-Mail ADDRESS:			
1. Have you had a state or national representative visit your local within the last two years?					
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 Dat	e:	Time:	Place:	
b)	Second Choice I	Date:	Time:	Place:	
c)	Third Choice Da	te:	Time:	Place:	
5. Do you have a specific topic or area of information you want covered? List below:					
	* *		•		om you will mean an early response from use in your yearbook.
REQUEST SHEETS SHOULD BE COMPLETED AND RETURNED TO:					
Duran Williams					
	RTA Office)1 Second Aven	ua Nanth			
	ashville, TN 372				
For TRTA office use only: Confirmation date:					
Person confirmi	ng:				
	iled to RTA and Pe				