



CONGRESSIONAL APPOINTMENT FORM

Appointments will be made on May 6, 2009

Please check appropriate boxes:

I would like an appointment (s) with my:

Representative Senator (s)

My Congressional District is: _____

Name of Representative: _____

Name of Senator (s): _____

My **HOME** Address is:

Name(Please Print) _____

Last

First

Street No.

Apt.

City

State

Zip

Council: _____ **Local:** _____ **Daytime Phone:** _____

OR

I will make my own appointment (s).

MAIL THIS ALONG WITH YOUR REGISTRATION FORM TO:

**AFSCME Conference and Travel Services
1625 L Street, NW, Washington, DC 20036**

OR FAX TO:

(202) 452-4026