
SC DENTAL ASSOCIATION

LEGISLATIVE CONTACT SURVEY

INSTRUCTIONS: Please complete one sheet for each lawmaker with whom you have a personal or professional relationship. Please **fax** to (803) 252-0589, **mail** to Capitol Consultants, Inc., ATTN: Heather Smith, P.O. Box 1763, Columbia, SC 29202 or **email** this to hsmith@capconsc.com.

Date This Form Was Completed: _____

Your Name: _____

Office Address: _____

Home Address: _____

Office Ph.: (____) _____ Home Ph:(____) _____

Mobile Ph.: (____) _____ Fax:(____) _____

Email (please write very clearly): _____

Most Effective Way to Contact You Quickly:

____ Office Phone ____ Home Phone ____ Cell Phone ____ Fax ____ Email

Your Legislator's Name: _____

Please describe your relationship (check all that applies):

- | | |
|----------------------------|--------------------------------------|
| ____ Casual | ____ First Name Basis |
| ____ Can Call at Home | ____ Contributed to His/Her Campaign |
| ____ Close Personal Friend | ____ Worked on His/Her Campaign |
| ____ Family Member | |

Other, please explain:

Please tell us anything else you can about your relationship with the Legislator (i.e., wife's cousin, business relationship, neighbor, play golf, attend same church, members of same civic club, etc.):
