## Send to District Chair by January 31 either electronically or one paper copy

## **Original Copy for Reporting** PLEASE PRINT OR TYPE

## **REPORT FOR YEAR 20**

	LOCAL PUB			_	REPORT			
January 1- December 31 District								
PPE Chair:						PPE Term		
Address				0:1			7:	
Address: Street		City			Zip			
Telephone No.	Email			Fax				
Name of Organization Reporting:				Name of Affiliated Hospital:				
Address: Street				City			Zip	
1. Do you regularly communicate Public Policy with								
a) local board Y or N b) mem			ership Y	Y or N c) administration			Y or N	
2. Do you have a regular calling committee for Legislative contact? Y or N								
3. Number of total contacts made with legislators (both State and Federal) (accumulate on page 2)								
a) by phone	by phone b) by letter		c) in person		e) by email		d) postcard	
4. How many newsletter articles did you write for:								
a) Organization b) Hospital								
<ol><li>Do you receive and read WHA's "Valued Voice"?</li><li>Y or N</li></ol>				Do you pass "Valued Voice" on to others? Y or N				
7. How many	a) members of HEAT:			b) attended Advocacy Day:				
9. Please list briefly the is an additional sheet.)	ssues that you w	rote, calle	d or talked	d about th	nis past ye	ar. (If nee	ded, please use	
Also, list the issues you would like to see a part of the PPE Program. (If needed, Please use an additional sheet.)								
10. Did your local organizations hold a special event specifically regarding public policy issues this past year? [ Y or N ] If held, please attach a description of the event to your report.								
Sign: Local Policy Chair						Date		