

Veterans Projects / Events

www.VeteransProjects.com www.VeteransLegislativeDay.com

AFTER ACTION FORM / REVIEW

NAME OF EVENT:	
WHAT DID YOU LIKE BEST ABOUT THIS PROJECT or EVENT?	
WHAT DO YOU THINK COULD HAVE DONE BETTER?	
WHICH LEGISLATORS DID YOU MEET WITH?	
WHAT BILLS DID YOU DISCUSS WITH LEGISLATORS?	
WHAT FEEDBACK DID YOU GET FROM LEGISLATORS?	

OTHER INFORMATION OR SUGGESTIONS YOU MAY HAVE, RELATED TO THE NEEDS OF OUR MILITARY OR VETERANS?
WOULD YOU BE INTERESTED IN BEING ON OUR PLANNING COMMITTEE FOR NEXT YEARS PROJECT or EVENT? YES NO
OPTIONAL:
NAME:
E-MAIL ADDRESS:
PHONE:

PLEASE DROP YOUR SUGGESTIONS IN OUR "SUGGESTION BOX" ON THE INFORMTION TABLE. THANK YOU.