



# MEETING REQUEST

PLEASE SUBMIT THIS FORM AND BRIEFING MATERIAL  
 via fax to (202) 632-7066 or email at [meeting.request@nigc.gov](mailto:meeting.request@nigc.gov)  
 after filling it out and saving to your file folder or printing.

PLEASE SUBMIT MEETING REQUEST AT LEAST 2 WEEKS IN ADVANCE

MEETING REQUESTED BY (TRIBE/ORGANIZATION)	DATE SUBMITTED:
MEETING DATE(S) REQUESTED:	LENGTH OF MEETING:
<b>MEETING REQUEST WITH:</b>  <input type="checkbox"/> Chair <input type="checkbox"/> Full Commission <input type="checkbox"/> Office of the Chief of Staff <input type="checkbox"/> Office of the General Counsel  <input type="checkbox"/> Division of Compliance <input type="checkbox"/> Division of Public Affairs <input type="checkbox"/> Division of Finance <input type="checkbox"/> Division of Technology	
<p style="text-align: center;">Please provide as much information as possible using additional sheets if necessary</p> <b>TOPIC OF MEETING (BE AS SPECIFIC AS POSSIBLE):</b>  <div style="height: 150px;"></div>	
<b>PERSONS ATTENDING AND THEIR TITLES (TRIBAL LEADER/ATTORNEY/LOBBYIST):</b>  <div style="height: 150px;"></div>	
<b>CONTACT PERSON (NAME/EMAIL/PHONE/FAX):</b>  <div style="height: 50px;"></div>	
<b>OFFICE USE ONLY:</b>  <input type="checkbox"/> Accept <input type="checkbox"/> Regret <input type="checkbox"/> Refer  <i>Pending Matters:</i>  <div style="height: 100px;"></div>	<b>CONFIRMED BY:</b> <input type="checkbox"/> AM <input type="checkbox"/> DATE: <input type="checkbox"/> TIME: <b>PM</b>