



**AMERICAN ACADEMY OF
OTOLARYNGOLOGY-
HEAD AND NECK SURGERY**

In-District Grassroots Outreach (I-GO)

Member ID: _____

Name: _____

Home Street Address: _____

City, State, and Zip Code: _____

Home Phone Number: _____

Email Address: _____

Meeting Preferences: (check all that apply)

I would like to meet with my:

U.S. Representative

State Representative

U.S. Senators

State Senator

What in-district activities interest you?

Host a Practice Visit

Host a Fundraiser

Schedule a District Office Visit

Attend a Fundraiser

Participate in a Tele-Townhall

Write a Letter to the Editor

Attend a Townhall

Other _____

Please submit your completed form to govtaffairs@entnet.org.