SIDE Event Information Sheet

Please complete this form electronically by filling in the provided blanks.

- STAFF ONLY -

DISTRICT(s): use the 4-character abbreviation: (State+District)

(Official Member Name,) Member Unique ID from House Clerk:

Is this SIDE Event a supplement to a Committee, Subcommittee, or Caucus? Yes No
If yes, please use the official name, caucuses here.:

SIDE Event Topic with HashTag(s): #

Today's Date use MM/DD/YYYY

Witness Name

Are you representing yourself or an organization? Self Organization

If you are representing an organization, please list the entity or entities you are representing.

What is the data, evidence, or experience that has informed your statement? Please note the sources, if applicable.

Please write your statement for the record. Feel free to write your most hoped for outcome.