

# 2004 UC Day in Sacramento

## DELEGATE INFORMATION FORM

NAME \_\_\_\_\_ HOME PHONE ( ) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

PREFERRED MAILING ADDRESS                      ? HOME                      ? BUSINESS

EMAIL ADDRESS \_\_\_\_\_ FAX # \_\_\_\_\_

OCCUPATION \_\_\_\_\_ BUSINESS PHONE ( ) \_\_\_\_\_

DEGREE \_\_\_\_\_ YEAR \_\_\_\_\_ MAJOR \_\_\_\_\_

CAMPUS \_\_\_\_\_ PARTY AFFILIATION \_\_\_\_\_

STATE SENATOR \_\_\_\_\_ ASSEMBLY MEMBER \_\_\_\_\_

U.S. CONGRESSIONAL REPRESENTATIVE \_\_\_\_\_

Please list the names of state legislators or their staff with whom you are acquainted. Use the following codes to indicate the extent of the relationship (can be more than one code):

- A: Lawmaker knows me well and s/he would answer my phone call personally.
- B: Lawmaker and I have spoken on occasion and s/he would recognize my name.
- C: I am a constituent.
- D: I am a contributor.

Name: \_\_\_\_\_ Code: \_\_\_\_ Name: \_\_\_\_\_ Code: \_\_\_\_

Name: \_\_\_\_\_ Code: \_\_\_\_ Name: \_\_\_\_\_ Code: \_\_\_\_

Name: \_\_\_\_\_ Code: \_\_\_\_ Name: \_\_\_\_\_ Code: \_\_\_\_

Name: \_\_\_\_\_ Code: \_\_\_\_ Name: \_\_\_\_\_ Code: \_\_\_\_

Name: \_\_\_\_\_ Code: \_\_\_\_ Name: \_\_\_\_\_ Code: \_\_\_\_

**Please return to your campus by February 1, 2004**

For more information about UC Advocacy, please visit <http://www.ucop.edu/state/advocacy/welcome.html>