

MEETING DEBRIEF FORM

Your name and city/riding: _____

Home/business address: _____

Name of individual(s) you met with: _____

Representative's political party: _____

Date of meeting: _____

1. Was the representative familiar with oral care issues?

Yes

Somewhat

No

2. Was the representative supportive of policy changes to promote preventive oral care?

Yes

Somewhat

No

General comments and feedback from the meeting

Please return completed form to Paula Benbow, CDHA manager of health policy, at pbenbow@cdha.ca.