



American
Association of
Neurological
Surgeons



We Need YOU!

Key Connection Program

Neurosurgery Advocates in Touch With Congress

The AANS and CNS have launched a new grassroots advocacy program called the "Key Connection Program". This program is your direct link to your Members of Congress on the many issues that are facing neurosurgeons. As more and more organizations vie for the attention of Congress, it is crucial that organized neurosurgery have a robust and active network of "Neurosurgery Advocates" to aid the Washington Office staff in their lobbying efforts. It is important for Members of Congress to realize that the messages delivered by the Washington staff genuinely represent the concerns of trusted neurosurgeon-constituents back home. Your efforts provide credibility for our message on Capitol Hill. In order to make the Key Connection Program a success, we need a commitment from YOU!

It is very important for the Washington Office staff to be aware of any relationships that you have with your Senators and Representatives so they can effectively coordinate the AANS and CNS advocacy activities. You are our most important assets on Capitol Hill! If you have a special relationship with a Member of Congress, or if you are willing to develop such a relationship, please fill out the form below and return it to the AANS/CNS Washington Office.

1. Does any member of the U.S. House of Representatives or Senate know you personally?

_____ Yes _____ No (skip to question 3)

2. Please specify the name(s) of the legislator(s) you know, and you relationship(s) with that (those) legislator(s).

a. Legislator: _____

Relationship (check all that apply):

- Personal/family friend
- Relative
- Member of same club/church/religious organization
- Patient
- Neighbor
- Campaign donor/volunteer/employee
- Former staff member
- Other, please specify _____

Additional comments: _____

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b. Legislator: _____

Relationship (check all that apply):

- Personal/family friend
- Relative
- Member of same club/church/religious organization
- Patient
- Neighbor
- Campaign donor/volunteer/employee
- Former staff member
- Other, please specify _____

Additional comments: _____

3. If you don't have a current relationship with a Member of Congress, are you willing to develop one?

_____ Yes _____ No

4. In the past five years, have you made any personal contributions to a political campaign?

_____ Yes _____ No

If yes, to whom? _____

5. Which of the following activities would you be willing to undertake?

- write a letter, send an email and/or make a phone call to legislator(s)
- host a campaign fundraiser for legislator(s)
- meet with legislator(s) at home
- fly-in to DC for a meeting with legislator(s)

Name: _____

Address: _____

Telephone: _____

Fax: _____

E-Mail: _____

Please return this form to:
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