

# LOS ANGELES HEALTH CARE COMMUNITY MEETING

**Saturday March 4, 2006 | 8:30 am - 4:00 pm**

Los Angeles Convention Center | 1201 South Figueroa Street | Los Angeles, CA 90015

**Help Shape the Future of Health Care in Los Angeles and the Nation  
Citizens' Recommendations to be Shared with President, Congress**

*Your voice does matter...*

Become a part of an historic discussion taking place right now across America! Citizens like you get to tell the policymakers in Washington what you like and don't like about our nation's health care system! Tell the President and Congress exactly how you want your health care system to change.

Register now to participate in the Los Angeles meeting!

online at [www.citizenshealthcare.gov](http://www.citizenshealthcare.gov)

By Phone at 800-679-3684 | By fax at 310-577-9729

By mail at L.A. Health Care Community Meeting, P.O. Box 2398, Venice, CA 90294

Meals will be provided.

*If you have special needs, please call 800-679-3684*



Name \_\_\_\_\_  
First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

Company/Organization \_\_\_\_\_

Address \_\_\_\_\_  Home  Work

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Gender  Male  Female      Age  Under 25  25 to 44  45 to 64  Over 65      Are you Latino?  Yes  No

**Which of these groups best represents your race?**

White  Black or African American  Asian  Native Hawaiian or Pacific Islander  American Indian or Alaska Native  
 Two or more races  Other \_\_\_\_\_  Decline to answer

**What is the highest grade or year of school you completed?**

Elementary (grades 1-8)  Some high school  High school graduate or GED  Some college  
 Associates degree  Bachelors degree  Graduate or professional degree  Decline to answer

**What is your employment status?**  Employed  Self-employed  Not employed/currently looking for work  
 Homemaker  Other \_\_\_\_\_

**Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Medicaid?**  Yes  No  Not sure

**Do you need child care services at the meeting?**  Yes **Do you need transportation to the meeting?**  Yes