



OSAGE NATION CONGRESS

Committee Meeting Request Form

Osage Nation Congressional Committee: Check one of the following:

- | | |
|--|---|
| <input type="checkbox"/> Appropriations | <input type="checkbox"/> Education |
| <input type="checkbox"/> Commerce and Economic Development | <input type="checkbox"/> Governmental Operations |
| <input type="checkbox"/> Congressional Affairs | <input type="checkbox"/> Health and Social Services |
| <input checked="" type="checkbox"/> Cultural | <input type="checkbox"/> Rules & Ethics |
| | <input type="checkbox"/> Membership |

Date of Meeting: 11/30 3-4:30 12/2 2:00-3:30
12/5 1-3:00
 Time: _____ am/pm to _____ am/pm

Meeting Type: Check One.
 Regular
 Emergency
 Cancellation

Please provide the agenda to be set in the space provided below.

1. Call to Order
2. Roll Call
3. Prayer
4. Approval of Minutes
5. Consideration of Legislation
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. Adjournment

[Signature]
 Committee Chair's Signature

[Signature]
 Committee Staff

Speaker's Approval
 Emergency Meeting
 Executive Session

11/28/16 Date 1:06 pm Time