

OFFICE OF HON PENNY SIMMONDS

Meeting/Event Advice – PS-INV24-xxx

1. Requestor’s name and organisation

2. Meeting details (if provided)

| | |
|-----------|--|
| Date: | |
| Time: | |
| Location: | |

3. Agency Recommendation (with supporting rational/reasoning):

4. Priority (choose one)

- High
- Medium
- Low

5. Refer to other (e.g., Associate Minister / Officials)

6. Any additional Information Identified (i.e. funding, risks/benefits)

For Minister’s office use only:

| | |
|----------------------------|---|
| Minister’s decision | Accept invitation/meeting Yes/No |
|----------------------------|---|

| | |
|------------------|--|
| Comments | |
| Signature | |
| Date | |