



EVENT CANCELLATION REQUEST FORM

(Please e-mail to Eventsubmission@ccmapd.com)

Date Requested: _____

(Must be submitted **48 Hours before** event date)

AGENT INFORMATION		
_____	_____	___ Independent ___ Employed
Name of Agent (Please print)	National Producer #	

VENUE/WEBINAR INFORMATION	In-Person	Webinar
Venue Name/Webinar Platform _____		
_____	_____	_____
Street Address	City	State
Seating Capacity _____ Seats		ZIP _____

EVENT INFORMATION	
Event Date: _____	Event Category: ___ Educational ___ Marketing
Language: ___ English ___ Chinese ___ Vietnamese ___ Korean ___ Spanish Other _____	
Presenting Product	Balance Plan (HMO) Longevity Plan (HMO)
Agenda: _____	
Start Time: _____	End Time: _____

Reason for Cancellation:
