



NEW EVENT REQUEST FORM

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

Date Requested: _____

(Must be submitted **7 days before** event date)

AGENT INFORMATION (List all agents that will be at the event)

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

VENUE/WEBINAR INFORMATION

In-Person

Webinar

Venue Name/Webinar Platform _____

Street Address

City

State

ZIP

Seating Capacity _____ Seats

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: _____