



Sales Event Approval Form

Presenter Information:

Agent Name: _____ Producer Number: _____

Brokerage/Agency: _____

Facility Information:

Location: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Facility Contact and Title: _____

Phone: _____ Facility Type: _____

Presentation Information:

Presentation Date: _____ Presentation Time: _____

CMS Material ID of Invitation: _____

CMS Material ID of Presentation/Sales Deck: _____

(Please note, only the Medicare Advantage Power Point on Storefront may be used for MA events)

CMS Region or Market: _____

Presentation Language: _____

Products Discussed: *(Check all that apply)*

MA

PDP

Med Supp

Dental