



## Event Request Form

Date Event Request Submitted: \_\_\_\_\_

Please complete the following information and submit to your WellCare market sales office for approval.

Event Host First/Last Name: \_\_\_\_\_

Event Host Producer Writing #: \_\_\_\_\_

Alternate Event Host First/Last Name: \_\_\_\_\_

Alternate Event Host Producer Writing #: \_\_\_\_\_

Event Host Contact Phone #: \_\_\_\_\_

Event Host Email: \_\_\_\_\_

Event Type (check one):

- |   |   |
|---|---|
| <input type="checkbox"/> Formal Sales Event                   | <input type="checkbox"/> Informal Sales Event                   |
| <input type="checkbox"/> Formal Vulnerable Populations (VPOP) | <input type="checkbox"/> Informal Vulnerable Populations (VPOP) |
| <input type="checkbox"/> Educational Event                    | <input type="checkbox"/> New Member Orientation Events          |

**IMPORTANT!** If this is a VPOP event, the VPOP Event Authorization Form must be completed/submitted in addition to this form.

**Event Information:**

Location Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Event Address Line 1 (nearest physical address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ County: \_\_\_\_\_

Venue Contact First/Last Name: \_\_\_\_\_

Venue Contact Phone: \_\_\_\_\_

Producers will receive notification with an event confirmation code when the event is uploaded to CMS and has been approved by WellCare. Please retain the event confirmation code for use during Appointment Verification Calls.

**Office use ONLY:**

Approved by: \_\_\_\_\_  
WellCare Manager's Signature

Date: \_\_\_\_\_

Event Code: \_\_\_\_\_