



Event Request Form

Please submit all event requests to your local District Sales Manager.

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.

Event Host Producer Name: _____

Event Host Producer Writing #: _____

Alternate Event Host Producer Name: _____

Alternate Event Host Producer Writing #: _____

Producer Contact Phone #: _____

Producer Email: _____

Date Event Request Submitted: _____

Event Type (check one):

☐ Formal Sales Event

☐ Informal Sales Event

☐ Formal Vulnerable Populations

☐ Informal Vulnerable Populations

☐ Educational Event

Event Information:

Location Name: _____

Start Date: _____

Start Time: _____

End Time: _____

Event Address Line 1 (nearest physical address):

City: _____

State: _____

Zip: _____

County: _____

Event Contact Name (YOU if Informal Event, if Formal Venue Contact): _____

Event Contact Phone (You if Informal Event, if Formal Venue Contact): _____

Office use only:

Event Code: _____