



Event Request Form

Agent Name _____ Agent ID: _____
Agency: _____ Date form is submitted: _____

Event

Event Type: Formal Informal Educational PCP visit only Other

Event Name: _____ Event Location: _____

Address: _____

City: _____ State: FL Zip code: _____

Expected Attendees: _____ Event Date: _____

Start Time: _____ End Time: _____ Contact person: _____

Contact's phone number: _____ Position: _____

PCP

Will a PCP attend: Yes No

Name of provider: _____

Location of provider: _____

Health Topic (If applicable): _____

Refreshments and Entertainment:

Refreshments: YES NO

(if yes, please provide specifics) _____

Lunch (Educational Only): YES NO

Specifics (Only for prospect/members): _____

Entertainment: YES NO

(if yes, please provide specifics) _____

How Many:

Chairs _____ Tables: _____ Tents: _____ Tablecloth(s) _____ Balloons: _____ Centerpieces: _____

Comments _____



Marketing Request Form

Items submitted on the Agent Store? **Yes** **No**

If Yes, submit the order Number _____

If Not, explain why? _____

If this is an in-person request, please fill out the form spaces below

Sales Kit			Marketing		
Item	Spanish	English	Item	Spanish	English
Elite Book 2021			Benefit Guide Brochure		
Extra Book 2021			Banner (Type depends on availability)		
Platinum Book 2021			Mini Banner (Type depends on availability)		
Elite Book 2022			Yard Signs (It takes time to print)		
Extra Book 2022			Business cards		
Platinum Book 2022			Personalized agent's flyer (It takes time to print)	Bilingual _____	
OTC			Birthday Cards		
			Presentation Coil book		
Other			Brochure Holder	Letter Holder	
_____			Other _____		

Giveaways (Subject to availability)			
Item	QTY	Item	QTY
Stress ball		Sewing kit with brush	
Tote Bags		Pens	
Hand Sanitizer		Lip balms	
Back Scratcher		Stadium Cups	
First Aid mini kit		MOP Pens	
Cups w Straw		Clipboards	
Reusable silicon straw		Teal tumblers	
Sunglasses		Disposable ponchos	
Jar opener		Raffle item (Limited quantities)	

Special comments or requests: _____
