

Agent Medicare Advantage Marketing Event Submission Form

Please complete the Event Submission Form and submit to Dean Health Plan 14 days prior to the event or 7 days prior to any event advertising (whichever is earlier). Please use the Agent Medicare Advertising Material Review Checklist to submit any materials prior to the event to DHP.MAPDSales@deancare.com or FAX 608-252-0801. If there is a change or cancellation of the event, remember to notify DHP at least 48 hours in advance.

Event Information			
Event Plan Year		Submission Date:	
Presentation Language			
Event Type	<input type="checkbox"/> Formal <input type="checkbox"/> Informal <input type="checkbox"/> Educational		
Event Name			
Event Date			
Event Time			
Agency/Brokerage Firm			
Facility Type	<input type="checkbox"/> Doctors Office <input type="checkbox"/> Food Bank <input type="checkbox"/> Library <input type="checkbox"/> Mall Kiosk <input type="checkbox"/> School <input type="checkbox"/> Health Fair/State Fair/ County Fair <input type="checkbox"/> Internet <input type="checkbox"/> Retail Store/Store Front/Grocery Store <input type="checkbox"/> Health Plan/ Insurance Business Office <input type="checkbox"/> Hospital Clinic/ Conference Room/ Business Office <input type="checkbox"/> Hotel/ Motel <input type="checkbox"/> Senior Apartments/Senior Centers/ Assisted Living <input type="checkbox"/> Recreational/ Community Center <input type="checkbox"/> Nursing Home/ Skilled Nursing Facility/Rehab Facility <input type="checkbox"/> Religious Facility <input type="checkbox"/> Restaurant/ Coffee Shop <input type="checkbox"/> Other: _____		
Agent NPN			
Agent Name			
Venue Name			
Venue Phone	(____) - (____) - (____)		
Venue Address 1			
Venue Address 2			
Venue City		Venue Zip Code	
Event Contact			
Contact Phone			

