

Event Request Form



Contact name: _____
Email: _____
Phone: _____

Thank you for your interest in having GeorgiaCares participate in your upcoming event. You can complete this event request form and return it via email to GeorgiaCares@dhs.ga.gov. We will make every effort to accommodate your request. Please allow two (2) weeks of advance notice so that we can make proper arrangements to serve you. Upon receipt of this form, we will contact you within 3-5 business days to confirm event details. If we are unable to participate, we will notify you to discuss alternative opportunities.

Event Details:

Date: _____
Start Time: _____ End Time: _____

Event Type (Check the type of event):

_____ Presentation/Training

If a presentation/training is requested, please list the start and end time for the presentation and the equipment available for use.

Start Time: _____ Projector _____
End Time: _____ Laptop/Computer _____

_____ Booth/Table at a Health Fair

_____ Enrollment Event (Counseling Sessions with Computers)

_____ Off-Site Counseling Station (Regularly Scheduled Time for Counseling)

Topics:

_____ General Medicare Information (Overview)

_____ Original Medicare (Medicare Parts A and B)

_____ Medicare Supplement Insurance (Medigap Policies)

_____ Medicare Advantage Plans (Part C)

_____ Medicare Prescription Drug Benefit (Part D)

_____ Medicare Financial Assistance Programs (Extra Help and Medicare Savings Programs)

_____ SMP (Medicare fraud, error and abuse)

_____ Long-Term Care Insurance and Georgia's Long-Term Care Partnership

_____ Volunteer Opportunities

_____ Other Topic (Please specify): _____

Target Audience (i.e. Beneficiaries, Social Work Professionals, etc.): _____

Estimated number of participants: _____

Event Facility Name (if different from organization): _____

Event Street Address: _____

City & Zip Code: _____ Phone Number: _____

County: _____