SOUTH COUNTRY
HEALTH ALLIANCE

Request for Event Participation

Is Event being promoted as an educational Event or an Informal Event? One must be checked.

□ **Educational** Educational events may not include any sales activities such as the distribution of marketing materials or the distribution or collection of plan applications.	□ **Informal** Usually conducted in a less structured presentation and or environment to an audience and or passersby. A table or kiosk is typically utilized where the representative can discuss the merits of the plan's products.

Request Date:_____ **Requested By:**_____

Organization Name:_____ **County:**_____

Event Contact Name:_____ **Event Contact Email:**_____

Contact's Role in Event: _____

Event Name: _____ **Event Date:** _____

Event Start Time: _____ **Venue Name:** _____

Venue Phone: _____ **Venue City, State, Zip:** _____

Event Sponsoring Organization (if different from above): _____

Sponsor Contact Name: _____ **Sponsor Contact Email:** _____

Sponsor Contact Phone: _____ **Expected Attendees:** _____

Describe Event: _____

_____

_____

Purpose/benefit of SCHA Involvement:_____

_____

SCHA Counties participating in event: _____

Will 75% of attendees be SCHA members or from SCHA member counties? Yes □ No □

Type of Participation requested: _____**Cost to SCHA:** _____

□ **Sponsorship** □ **Promo Items** □ **Exhibit** □ **Presentation** □ **Other (Describe)**