



Community Meeting Request Form

Please fax this request to:

Prescription Advantage
Fax: (617) 727-9368

Organization _____

Contact Name _____ Title _____

Phone _____ Fax _____ Email _____

Address _____

City _____ State _____ Zip _____

Event Name _____

Event Location and Address _____

Requests will be filled on a first come, first served basis.

If this event already has a scheduled date and time and you would like a Prescription Advantage representative to speak and/or exhibit, please indicate here and only fill out Choice 1 _____

If this event has an open date/time for scheduling a Prescription Advantage representative please indicate your top three choices for a meeting time below.

Choice 1: Date _____ Time _____

Choice 2: Date _____ Time _____

Choice 3: Date _____ Time _____

Type of Event _____

How many people do you expect to attend? _____

Who is the audience?

___ Professionals

___ Consumers

Directions to Venue (fill out below or attach. Please print neatly)

For more information on scheduling an outreach event call:

Kathy Devine, Outreach Coordinator, (617) 222-7529