

# FEDERAL EMPLOYEE PROGRAM

# Activity Request Form

Primary Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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Please select the type of activity you are planning for your agency below:

- Information Booth     Group Meeting     Pre-retirement Seminar  
 New Employee Orientation     Health Education Program/Fitness Fair  
 Community Outreach     Agency Sponsored Event

Open Season Activities:

- Group Meeting     Information Booth     Health Benefit Fair

Requested Date and time of activity: \_\_\_\_\_

Alternate Date: \_\_\_\_\_

Expected Attendance: \_\_\_\_\_

Please fax completed form to: 919.765.3888 or email to: [www.fepsales@bcbsnc.com](mailto:www.fepsales@bcbsnc.com)