

PROGRAM ACTIVITY REQUEST FORM



**BlueCross
BlueShield**
Federal Employee Program.

Primary contact name: _____

Title: _____

Agency name: _____

Street address: _____

City: _____ State: _____ ZIP Code: _____

County: _____ Email: _____

Phone: _____ Fax: _____

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Information booth | <input type="checkbox"/> Group meeting | <input type="checkbox"/> Pre-retirement seminar |
| <input type="checkbox"/> New employee orientation | <input type="checkbox"/> Agency sponsored event | <input type="checkbox"/> Other |
| <input type="checkbox"/> Community outreach | <input type="checkbox"/> Health education program/fitness fair | |

Open Season activities:

- | | | |
|--|--|--|
| <input type="checkbox"/> Group meeting | <input type="checkbox"/> Information booth | <input type="checkbox"/> Health benefit fair |
|--|--|--|

Requested date: _____ Requested time: _____

Alternate date: _____

Expected # of attendance: _____

Please fax completed form to: 919.765.3888 or email to: fepsales@bcbsnc.com