Coventry Health Care Broker / Agent Sales Event Report

Submit on/before the 27th of every month to: MedicareSemi@cvty.com

CMS Contract Number(s) of Plan(s) To Be Sold: _____

How will event/s be advertised? _____

I attest that a draft copy of marketing material(s) for the below event/s has been sent to *marketing.medicare@cvty.com* for advance review & approval as required by Coventry. YES _____ NO _____

Contract Number	Event Name	Event Date	Event Time	Brokerage Firm/ Agency	Venue Name	Venue Phone	Venue Address1	Venue Address2	Venue City	Venue State	Venue Zip Code	Event Contact	Contact Phone