

Date	Name	Agent NPN	Role
			☐ Captive Agent ☐ Field Broker ☐ MOS

Organization Information

Status: ☐ New ☐ Existing	Organization Name:		
Address:	City:	State:	Zip Code:
Main Contact:	Title:	Phone:	Email:
Organization Type:	☐ Assistance Program ☐ Community Based (CBO) ☐ Dialysis Facility ☐ Educational Institution ☐ Food Bank/Pantry ☐ Faith Based (FBO) ☐ Health Fair/Expo ☐ Hospital/Health System ☐ Provider Office ☐ Public Library ☐ Retail Store ☐ Senior Facility ☐ Other - Specify: _____		

Activity Information

Activity Name:			
Activity Location:			
Activity Site Address:	City:	State:	Zip Code:
Activity Main Contact:	Title:	Phone:	Email:

Channel Request	☐ Captive ☐ Broker ☐ MOS ☐ Self-Generated ☐ Corporate-Sponsored	# of Requested Agents		# of Attendees	
Event Category					
Activity Date:					
Set-up Time:					
Start Time:					
End Time:					
Host:					
Co-Host(s):					
Event Code:					

Initials	Terms and Conditions
	I give permission for Zing Health to be onsite at the above listed location on the specified date(s) and time(s).
	Zing Health's name and logo cannot appear on any promotional material or sites (including social media) unless approved in writing by Zing Health.
	I certify that the document constitutes a formal agreement and it may be modified any time by my organization and/or Zing Health in writing.

Organization's Authorized Signature	Date	Zing Health's Rep. Authorized Signature	Date
Zing Health Manager's Signature	Date	Project Coordinator's Signature	Date

Activity Type:	☐ In-Person Event ☐ Onsite ☐ Virtual Event ☐ Volunteer	Activity Classification:	☐ Formal ☐ Informal ☐ Educational
Activity Category:	☐ Agency Engagement ☐ Broker Facing ☐ Member Engagement ☐ Lunch & Learn ☐ Prospect Facing ☐ Partner Engagement ☐ Provider Engagement		
Language(s):	☐ English ☐ Spanish	Location at Site:	☐ Indoor ☐ Indoor (<i>Site Supplied Booth</i>) ☐ Outdoor ☐ Outdoor (<i>Site Supplied Booth</i>)
Supplies Provided:	☐ Captive Agent ☐ Field Broker ☐ MOS		
Supply Request:			
Fee(s):	Booth Fee: \$_____ Sponsor Fee: \$_____ Additional Cost: \$_____	Participation Level:	☐ Co-Sponsored (Zing+Agent) ☐ Co-Sponsored (Zing+Value Based Partner) ☐ Exhibitor ☐ Onsite ☐ Partner Sponsored ☐ Sponsor ☐ Vendor ☐ Volunteer

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Please submit completed form to events@myzinghealth.com.