



# REQUEST FOR MEDICAL DIRECTOR *to Present During Meeting*

Please complete the form then email it back to: [CMD.Inquiry@cgsadmin.com](mailto:CMD.Inquiry@cgsadmin.com)

Name of Requestor: \_\_\_\_\_

Group/Association: \_\_\_\_\_

Address of meeting: \_\_\_\_\_

Closest Airport: \_\_\_\_\_

Closest Hotel: \_\_\_\_\_

Date for Presentation (Saturday's excluded): \_\_\_\_\_

Date Slide Deck Is Due: \_\_\_\_\_

## SUGGESTED TOPICS:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

## CONTACT INFORMATION PRIOR TO PRESENTATION:

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

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

Texting available: Yes No

E-mail: \_\_\_\_\_

## ON SITE CONTACT:

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

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

Texting available: Yes No



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