

Start Date of Activity			/			/				
End Date of Activity			/			/				

Event or Group Name										
Contact First Name - Optional										
Contact Last Name - Optional										
Contact Phone Number - Optional	() -									

State Code of Event										
County Code of Event										
ZIP Code of Event										
City of Event										
Street Address of Event										

Topic Focus - Check All That Apply	
1	Medicare Parts A and B
2	Plan Issues - Non-Renewal, Termination, Employer-COBRA
3	Long-Term Care
4	Medigap - Medicare Supplements
5	Medicare Fraud and Abuse
6	Medicare Prescription Drug Coverage - PDP / MA-PD
7	Other Prescription Drug Coverage - Assistance
8	Medicare Advantage
9	QMB - SLMB - QI
10	Other Medicaid
11	General SHIP Program Information
12	Medicare Preventive Services
13	Low-Income Assistance
14	Dual Eligible with Mental Illness Mental Disability
15	Volunteer Recruitment
16	Partnership Recruitment
17	Other Topics - Describe:

Target Audiences - Check All That Apply	
1	Medicare Pre-Enrollees - Age 45-64
2	Medicare Beneficiaries
3	Family Members - Caregivers of Medicare Beneficiaries
4	Low-Income
5	Hispanic, Latino, or Spanish Origin
6	White, Non-Hispanic
7	Black, African American
8	American Indian or Alaska Native
9	Asian Indian
10	Chinese
11	Filipino
12	Japanese
13	Korean
14	Vietnamese
15	Native Hawaiian
16	Guamanian or Chamorro
17	Samoan
18	Other Asian
19	Other Pacific Islander
20	Some Other Race-Ethnicity
21	Disabled
22	Rural
23	Employer-Related Groups
24	Mental Health Professionals
25	Social Work Professionals
26	Dual-Eligible Groups
27	Partnership Outreach
28	Presentations to Groups in Languages Other Than English
29	Other Audiences - Describe:

Nationwide and CMS Special Use Fields									
01	02	03	04	05	06	07	08	09	10

State and Local Special Use Fields									
01	02	03	04	05	06	07	08	09	10