## **PUBLIC AND MEDIA EVENTS**

OMB No. 0938-0850

<u> </u>										
Agency Code										
Presenter *		SH	IIP (	Jse	r ID		First Name	Last Name	Affiliation	Total Hours Spent on Activ
Primary Presenter	•									
Second Presenter										
Third Presenter										
Fourth Presenter										
Fifth Presenter										
Sixth Presenter										
* Can Enter Up To	25 F	res	ent	ers	/ St	aff	Contributors Per Eve	nt - Record Any Add	ditional Presente	rs on Back of Form
					,			,		
									<u>_</u>	
Activity or Event										
									_	
1 Interactive I	res	ent	atio	n to	ο Ρι	ıbli	c. Face to Face In-Per	son.		

2	Booth or Exhibit. At Heath Fair, Senior Fair, or Speci	al Ev	ent.			
Estim	Estimated Number of Direct Interactions with Attendees					

**Estimated Number of Attendees** 

**Estimated Persons Provided Enrollment Assistance** 

**Estimated Persons Provided Enrollment Assistance** 

3	Dedicated Enrollment Event Sponsored By SHIP or in Partnership.							
Est N								
Estim	nated Number Persons Provided Any Enrollment Assistance							
Estim	Estimated Number Provided Enrollment Assistance with Part D							
Estim								
Estim	Estimated Number Provided Enrollment Assistance with MSP							
Estim	Estimated Number Provided Enrollment Assist Other Medicare Program							

4	Radio Show. Live or Taped. Not a Public Service Announce or Ad.						
Estim	ated Number of Listeners Reached						
<u> </u>							

5	TV or Cable Show. Live or Taped. Not a Public Ser	vice A	Annou	ınce c	or Ad.	
Estim						

6	Electronic Other Activity. PSAs, Electronic Ads, Crawls, Video Conf, Web Conf, Web Chat							
Est Pe	ersons Viewing or Listening to PSA, Electronic Ad, Crawl							
Acros	s Entire Campaign, Video Conf, Web Conf, Web Chat							

7	Print Other Activity. Newspaper, Newsletter, Pamphlets, Fliers, Posters, Targeted Mailings							
Est Pe	ersons Reading Article, Newsletter, Ad or Pieces of							
Targeted Mail or Other Printed Across Entire Campaign								

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			

T:	- Facus Charle All That Assales							
Торі	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:							

Targ	et 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		
Nationwide and CMS Special Use Fields											
11	12	13	14	15	16	17	18	19	20		
Nationwide and CMS Special Use Fields											
21	22	23	24	25	26	27	28	29	30		

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

## PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-0850**. The time required to complete this information collection is estimated to average **5 minutes** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.