



EVENT VERIFICATION FORM

This form is to verify that a sales representative from *CareFree Insurance Services, Inc.* was present on the below date and time to hold an event previously scheduled with your establishment.

Date: _____ Time: _____

Agent Name: _____ NPN# _____

Contact Name: _____ Venue: _____

Venue Address: _____

Venue Phone Number: _____

_____ Held **Formal** Event _____ Held **Informal** Event

NOTES

Venue Personal Signature **Required** Below:

Printed Name: _____ **Title:** _____

Signature: _____

Date: _____ **Time:** _____