

Thank you for requesting Noridian's Provider Outreach and Education team participation at your event. We will evaluate the information you provide to determine our possible participation. CMS must approve Face-to-Face event requests.

**Contact Information**

\_\_\_\_\_  
Name of Association

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

**Meeting Information**

Check One:     Medicare Part A         Medicare Part B         Medicare Part A & B

\_\_\_\_\_  
Education Type (Webinar, Face-to-Face, or Teleconference)

\_\_\_\_\_  
Name of Event

\_\_\_\_\_  
Location

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Length of Meeting

\_\_\_\_\_  
Duration of Noridian Participation

\_\_\_\_\_  
Requested Training Topics

\_\_\_\_\_  
Anticipated Audience Size

\_\_\_\_\_  
Date Response is Needed

Is this an annual or reoccurring event?     Yes     No

Comments:

## Face-to-Face (In-Person) Event Equipment Availability Information

Laptop	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Microphone	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Projector	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Podium	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Internet Access	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Table	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Noridian Medicare Materials

PowerPoint presentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Due Date: _____
Projector	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Due Date: _____

## Collaboration Expenses

When travel is required, travel expenses which may include per-diem, hotel, airfare and/or mileage may be the responsibility of the Provider Societies/Associations as defined by CMS. Noridian uses <https://www.gsa.gov/portal/content/104877> for expense estimates.

## Costs that will be paid

Hotel    Name: \_\_\_\_\_    Address: \_\_\_\_\_

Airfare     Car     Mileage     Per Diem

## External Entities - Where to submit this information

Please e-mail the completed Provider Outreach & Education Collaboration Form to [mac@noridian.com](mailto:mac@noridian.com) with the subject line of "Collaboration Request". Your request will be acknowledged within 10 business days.

