

CBPP State-Specific Plan Selection Webinar Request Form

1. Information

State	Date:
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Name	
Organization	
Email Address	
Phone	

Has your state previously received a State-Specific Webinar on Plan Selection?

Yes
 No
 Unsure

2. Scheduling - Please indicate several possible dates for a webinar for your state. If you are unsure at this time or are flexible, please indicate so.

	Date	Time(s)
Option 1		
Option 2		
Option 3		
Option 4		
Option 5		
Unsure about dates	Flexible about dates	

3. Audience - Please indicate the approximate number of navigators and assisters that you anticipate will participate in this webinar (*note: we request that these webinars be made available to all navigators and assisters in your state*).

4. Webinar Capabilities: We ask that state partners host the webinar. Please indicate the webinar platform you will be using (e.g., GoToWebinar, Webex, etc.). If you are unable to host the webinar, please indicate that you would like CBPP to host and we will attempt to accommodate that request.

We can host the webinar	Webinar Platform	
We would like CBPP to host		

5. Multi-state webinar: Would you be interested in conducting a multi-state webinar in partnership with navigators in another state? Ideal states for a joint webinar would be those that are adjacent and/or have similar insurance carriers in each market. If you are interested in this option, please indicate possible states for collaboration:

6. Response Deadline: Is there a date by which you need confirmation of our ability to present the webinar? (e.g. do you have an already planned conference/webinar and need to finalize the agenda and presenters by a certain date?) If so, please indicate the date here:

7. Questions or Comments? Please include any other questions or comments you may have: