

# Medicare Seminar Appointment Form

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Logo Inserted Here

Name

Spouse Name

Date of Birth

Date of Birth

Phone

Phone

Street Address

City, State, Zip Code

Email

*(Your privacy is of great concern - your information is never for rent or sold)*

## PLEASE SELECT THE PREFERRED CALL TIME AND SPECIFICATIONS:

- Schedule with me today
- Call ( ) 3 Months or ( ) 2 Months before my birthday month to schedule an appointment

## I AM ALSO INTERESTED IN LEARNING ABOUT THE FOLLOWING ITEMS:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Life Insurance | <input type="checkbox"/> Cancer Plans           | <input type="checkbox"/> Annuities        |
| <input type="checkbox"/> Burial Plans   | <input type="checkbox"/> Accident Plans         | <input type="checkbox"/> 401(k) Rollovers |
| <input type="checkbox"/> Long Term Care | <input type="checkbox"/> Final Expense Planning | <input type="checkbox"/> Dental           |

## APPOINTMENT PREFERENCES:

Preferred Weekday

AM or PM

Option 1

Option 2

Option 3

Signature:

Date: