SALES/MARKETING EVENT CANCELLATION ATTESTATION

as required by CMS (08.07.2009)

Date Event Canceled: _____

Event Canceled by Whom: _____

Method Used for Advertising: _____

Method Used for Cancellation: _____

Reason for Cancellation: _____

Agent Information

Name: _____

Phone Number: _____

AWN Number: _____

Agency: _____

Event Information

Canceled Event's Name: _____

Event Date & Time: _____

Event's Full Address: _____

If Applicable

Contacted Beneficiary's Name	Beneficiary's Phone No.	Date/Time Contacted