GROUP OUTREACH & EDUCATION FORM							
* Items marked with asterisk (*) indicate required fields							
MIPPA Event *:	□ Yes	□No					
Send to SMP:	□Yes	□No	SIRS eFil	le ID: ed if sending record to	SMP)		
Event Details *							
Session Conducted By	*•			Partner Organization A	Affiliation*	·:	
Total Time Spent on Event *:				Title of Interaction *:			
HoursMinutes				J			
Number of Attendees *:				Type of Event * (select only one): □ Booth/Exhibit (Health Fair, Senior Fair or Community Event) □ Enrollment Event			
Start Date of Activity *	Start Date of Activity *:				☐ Interactive Presentation to Public (In-Person, Video		
End Date of Activity:				Conference, Web-based Event, Teleconference)			
Event Location *							
State of Event * : Zip Code of Event * :							
County of Event *:				-			
Event Contact Inform	ation						
Event Contact First Na	me:			Event Contact Phone:			
Event Contact Last Name:			Event Contact Email:				
Intended Audience * (multiple selections allowed):							
□ Beneficiaries □ Limited-English Pro □ Employer-Related Groups □ Medicare Pre-Enroll □ Family Members/Caregivers □ Partner Organization			ees				
Target Beneficiary Group * (multiple selections allowed):							
 □ American Indian or Alaskan Native □ Asian □ Black or African American □ Disabled □ Native Hawaiian of Islander 			□ Not Collected				
Topics Discussed * (m	ultiple selections a	llowed):					
 □ Duals Demonstration □ Extra Help/LIS □ General SHIP Program Information □ Long-Term Care Insurance □ Medicare Savings □ Medigap or Supple □ Original Medicare 				Program Preventive Services mental Insurance Volunteer Recruitment		rship Recruitment tive Services	
(Continued on p.2)							

Special Use Fields	
Field 1:	
Field 2:	
Field 3:	
Field 4:	
Field 5:	
Notes	