



Medicare Speaker Request Form

1. **Fill out** information
2. **Save file** to your desktop
3. You may attach file and **email** to: hss.medicare@alaska.gov
or print and **fax** to: **907-269-2045**
or **mail** to: Medicare Information Office
400 Gambell Street, Suite 303, Anchorage, AK 99501

Name:

Organization:

Phone:

Email:

City or Community:

Meeting Dates:

Time: **until**

Number of Participants:

Comments:

-
- Topics:**
- Medicare basics
 - Part D prescription plans
 - Enrollment season options
 - Medicare fraud
 - Other

We will contact you as soon as possible. Thank you for your interest.

