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## Medicare Minute Presentation Log

Host Organization: \_\_\_\_\_

Date of Presentation: \_\_\_\_\_

Presenters Name: \_\_\_\_\_

Presentation Site: \_\_\_\_\_

Street Address/Zip Code: \_\_\_\_\_

Topic: \_\_\_\_\_

Language: \_\_\_\_\_

Number of people in the audience: \_\_\_\_\_

Number of people under 65 with Medicare: \_\_\_\_\_

Time Spent: \_\_\_\_\_

(Include preparation and travel time to site)

Mileage: \_\_\_\_\_

(Distance traveled to/from the presentation site)

Submitter's Name: \_\_\_\_\_

Questions that came up on which presenter needs clarification:

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Please submit completed form to: [hss.medicare@alaska.gov](mailto:hss.medicare@alaska.gov) or fax to 907-269-2045