## Medicare Event Checklist



AGENT NAME		EVENT DATE(S)
Во	ooth/Stand Setup	
0	Table (Should an event not provide you one,	we recommend to invest in a personal table)
0	Chair(s) (should an event not provide you one, we recommend to invest in a personal chair)	
0	iPros Tablecloth	
0	Prize Wheel	
Αg	gent Marketing Materials	<b>3</b>
0	Business Cards	
0	Flyers	
0	Lead Cards	
0	Health Plan Material (If Informal/Formal event,	only display material branded with the filed Health Plan)
0	iPros Polo Shirt	
Pr	omo Items	
0	iPros branded promo items	
0	Toothbrushes	
0	Pens	
0	Pill Holders	
0	Misc. Giveaways i.e. Sticky Notes, Stre	ess Balls, Lens Cleaner, Etc.