

**NAIC MEETING
VENDOR PRESENTATION REQUEST FORM**

Today's Date: _____

Vendor/Company Name: _____

Email: _____ Phone: _____

1. NAIC Meeting/Committee Name: _____

2. Meeting Date: _____

3. Vendor/Company Profile (i.e., market segment, company background):

4. Summary of product or service to be presented and benefit it could provide to State Insurance Regulators:

5. Summary of presentation purpose/content:

6. List previous/current NAIC and State Insurance Department(s) contracts and/or other presentations made to NAIC, NAIC Committee(s) or State Insurance Department(s):

7. By signing below, my company agrees to the following:

We will comply with all NAIC procedures and hotel rules and regulations during the presentation.
We agree to pay all related audio/visual/telephony equipment expenses incurred for the presentation.
We agree that the presentation for this NAIC group does not represent or imply any commitment, sponsorship or binding agreement by the NAIC or state insurance regulatory agency.

Name of Vendor

Signature of Authorized Representative

Date

(Completed forms available at <http://meetings.naic.org>, must be sent to Trish Schoettger, NAIC, tschoettger@naic.org, fifteen (15) days prior to the presentation date.)