

**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, [TSchoett@naic.org](mailto:TSchoett@naic.org), fifteen (15) days prior to the presentation date.)