*CMS Meeting Request Form*

Please provide all information below for requests to meet with the Administrator.

Meeting requests are processed on a weekly basis; kindly provide the requested information within 48 hours of receiving this form or the processing of your request may be delayed.

Please email completed form to CMS\_Meeting\_Requests@cms.hhs.gov.

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| **Requested Information:** | Pleased Provide Answers in this Column: |
| **Name and title of the person and/or organization(s) making the request:** |  |
| **Provide a description of the person and/or organization(s) making the request:** |  |
| **Please provide a list of specific topics you would like to discuss and include any pertinent meeting materials/background:** |  |
| **Please list the names and titles of all attendees, including any foreign nationals or visitors, you plan to include in the meeting:** |  |
| **Due to the high scheduling demands placed on the Administrator, we may suggest alternate appropriate staff for the meeting.**  ***Please indicate if the person/organization(s) met with other CMS staff on the same subject matter.*** |  |
| **If you are requesting specific dates/times for the meeting, please list them here. We will do our best to accommodate your request.** |  |
| **Who will be the contact person for meeting logistics/materials/agendas?**  ***(Please include name, title, phone number, email and mailing addresses.)*** |  |