EVERNORTH
HEALTH SERVICES

Wellness Seminar & Management Trainings Request Form

Below is information that will help you begin the process of scheduling EAP wellness seminars. This information will allow us to learn more about your company and understand the types of services that will best meet your needs. Please complete and return it to an Employer Service Coordinator to schedule an event.

There are three ways to request services:

01. **E-mail**: eshcomments@evernorth.com
02. **Phone**: 888-736-1377
03. **Fax**: 1-877-420-7066

Please note:

- Four (4) weeks advance notice is required, six (6) – eight (8) weeks for legal or financial seminars.

- Cancellations or changes made with less than 5 full business days' notice will be billed to the Employer Service Hours (ESH) for your company.

- Legal and financial seminars are two employer service hours for each onsite hour.

- Recording, copying, reproduction, modification, or distribution of this material or the presentation in whole or in part is prohibited without express prior written consent from Evernorth Health Services.

Site information:

Company name:	**Division** (if applicable)**:**
Site Contact Name:	**Phone:**
Email:	**Type of Business:**
Business Address (including city, state, zip code)**:**	

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Seminar specifics:

1. Session Title from Catalog:		
Date Options:	**Time Options** (include time zone)**:**	**Number of sessions:**
Onsite seminar: ☐ **Onsite with remote attendees:** ☐ **Address for Event:** Same as above ☐ **Confirmation of Equipment:** Projector ☐ Computer ☐ **Expected # of Attendees:**	**Virtual/Webinar** ☐ Does the presenter need video capability? **Virtual platform used** (Webex, Zoom, etc.)**:** *Note: Technology to support web delivery must be provided and managed by your organization.* **Expected # of Attendees:**	
Comments (i.e., current issues at the site, audience details, etc.)**:**		

2. Session Title from Catalog:		
Date Options:	**Time Options** (include time zone)**:**	**Number of sessions:** Choose one
Onsite seminar: ☐ **Onsite with remote attendees:** ☐ **Address for Event:** Same as above ☐ **Confirmation of Equipment:** Projector ☐ Computer ☐ **Expected # of Attendees:**	**Virtual/Webinar** ☐ Does the presenter need video capability? Choose one **Virtual platform used** (Webex, Zoom, etc.)**:** *Note: Technology to support web delivery must be provided and managed by your organization.* **Expected # of Attendees:**	
Comments (i.e., current issues at the site, audience details, etc.)**:**		

Continued on next page for additional requests

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3. Session Title from Catalog:		
Date Options:	**Time Options** (include time zone)**:**	**Number of sessions:** Choose one
Onsite seminar: ☐ **Onsite with remote attendees:** ☐ **Address for Event:** Same as above ☐ **Confirmation of Equipment:** Projector ☐ Computer ☐ **Expected # of Attendees:**	**Virtual/Webinar** ☐ Does the presenter need video capability? Choose one **Virtual platform used** (Webex, Zoom, etc.)**:** *Note: Technology to support web delivery must be provided and managed by your organization.* **Expected # of Attendees:**	
Comments (i.e., current issues at the site, audience details, etc.)**:**		

Additional information (*Examples: Additional site contact information, room setup, etc.)*: