



## Benefit/Health Fair Participation Request Form

Wisconsin Department  
of Employee Trust Funds  
801 W Badger Road  
PO Box 7931  
Madison WI 53707-7931  
1-877-533-5020 (toll free)  
Fax 608-267-4549  
etf.wi.gov

It's Your Choice 2017 open enrollment period is October 17 to November 11, 2016.

The Department of Employee Trust Funds will accommodate as many requests as possible. However, we may not be able to attend all events. **Please submit your request no later than July 1, 2016.**

To request the attendance of a health plan representative, contact the provider directly.

Section 1: Employer Information	
Employer name:	
Address: <i>(street address including P.O. Box, if applicable)</i>	
City:	State: WI      ZIP code:
Contact name:	
Phone: (    )	Email address:

  

Section 2: Event Information	
Event date:	Time: <i>(start)</i> to <i>(end)</i>
Event set-up time: <i>(start time)</i>	
Event address: <i>(street address)</i>	
City:	State: WI      ZIP code:
Room:	Estimated attendance:
Parking instructions:	
May we publish your event information on etf.wi.gov? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>(Note:</b> Publishing this event on the ETF website may result in other WRS members attending your event.)	
Additional comments:	

  

Section 3: Submit Your Request	
Email: etfoutreach@etf.wi.gov	
Mail: The Department of Employee Trust Funds Attention: ETF Outreach P.O. Box 7931 Madison, WI 53707-7931	
ETF contact: Elisabeth Davis	Phone: 608-261-8945