

Meeting Date:

6/7/2017

Group:

LIUNA Local 808

## Personal Meeting Request

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I am interested in a follow up, no cost or obligation meeting to discuss:

☐

Medicare options

☐

Group Dental Benefits

☐

Telemedicine

☐

Retirement Planning

☐

Please Email me an invitation to future Retirement Planning seminar

The best time to call is: \_\_\_\_\_

Keith Demty  
Bob Dumais

401-868-1400

401-737-0330 FAX

