**Client Training Nomination Form**

2025 Introduction to Reinsurance Seminar

Complete all sections and return by **February 14, 2025,** to rosemary.knopff@aon.com.

Nominations will be reviewed and places confirmed to the Aon sponsors.

**SPONSOR INFORMATION**

Name:

Department:

Location:

**CLIENT INFORMATION**

Company:

Company Address:

Client Contact:

Client Contact Email Address:

**Multi-Client Sessions** – Provide names & email address of person(s) attending:

|  |  |  |
| --- | --- | --- |
| Name |  | Email Address |
| 1.
 |  |       |
| 1.
 |  |       |

Would prefer to attend:

[ ]  April 7 - 10 Virtual [ ]  September 22 - 25 Virtual [ ]  June 10 - 12 Bloomington

[ ]  July 7 - 10 Virtual [ ]  September 29 - October 2 Virtual [ ]  August 26 - 28 Bloomington

[ ]  August 18 - 21 Virtual

**Private Client Session** – Provide estimate of number of participants:

[ ]  5 - 10 [ ]  11 - 15  [ ]  16 - 20 [ ]  21 or more \_\_\_\_\_\_

1. How long has the nominee been a client?
2. Annual revenue of the client:
3. Is the client involved in a pending RFP or is one imminent? [ ]  Yes [ ]  No
4. Is the account in jeopardy for any reason? [ ]  Yes [ ]  No
	1. Has there been a change in management? [ ]  Yes [ ]  No
	2. Is the client uncomfortable with the Aon structure? [ ]  Yes [ ]  No
	3. Has the client’s broker team changed recently? [ ]  Yes [ ]  No
	4. Other:
5. Government Owned? [ ]  Yes [ ]  No If yes, indicate percentage      %

If yes and attending an in-person session at Bloomington, complete the certification form and return alongside this nomination form.