**Client Training Nomination Form**

2025 Introduction to Reinsurance Seminar

Complete all sections and return by **February 14, 2025,** to [rosemary.knopff@aon.com](mailto: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 |
|  |  |  |
|  |  |  |

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.