



**Department
of Health**

**Office of
Health Insurance
Programs**

**EVIDENCE BASED BENEFIT REVIEW ADVISORY COMMITTEE PUBLIC
PRESENTATION REGISTRATION FORM**

Meeting Date: _____

Name: _____

Title: _____

Company / Organization: _____

Business Address: _____

Topic on which comments will be made:

Do you have any direct or indirect financial relationship with the manufacturer of the proposed technology, service or drug being discussed at the meeting?

Speaker's Contact Information:

Email: _____

Phone: _____

Reminder: The written version of each public presentation must be received 5 calendar days prior to the meeting date to assure sufficient time for distribution and review by EBBRAC Committee members. Written materials may be submitted via email to EBBRAC@health.ny.gov or mailed to: NYS Department of Health, Office of Health Insurance Programs, Division of Program Development and Management, Corning Tower (OCP 720), Albany, NY 12237 Attention: Suzette Sadio