



Central Jersey Chapter PAHCOM
Professional Association of Health Care Office Management
P.O. Box 321
South Plainfield, NJ 07080-0321
www.pahcomnj.com



Dear Corporate Sponsor Candidate:

The Central Jersey PAHCOM Chapter would like to offer you the opportunity to join our organization as a corporate sponsor. We believe that both our chapter and your organization can reap substantial benefits from this union:

- ✓ **Multiple opportunities to network with the “decision makers” of the practices.**
- ✓ **Visible marketing on our chapter web site**
- ✓ **A list of corporate sponsors given out at each event to all attendees spotlighting that events sponsors**
- ✓ **Mention from time to time in our newsletter articles**
- ✓ **Interesting speakers to inform and educate you.**
- ✓ **Diversified marketing opportunities to managers, practice administrators and physicians at your sponsored meeting.**
- ✓ **Attendance at monthly meetings is not required.**
- ✓ **Confidential, Updated Listings of Chapter members will be provided.**
- ✓ **Continuous feedback from medical practices regarding current concerns and issues.**

Two Levels of Corporate Sponsorship are available to you:

- **GOLD:** Business size ad to include a brief description of services and if you have an established web site, a link to that website. -\$150.00
- **PLATINUM:** Platinum members get preferred listing at the top of Corporate Sponsors Page. Full Page web page if needed, with professional assistance in web design targeted to medical practices. If you already have an established web site, a larger listing with a detailed listing of services and a link to your web site. \$300.00 for initial year set up, \$ 225.00 thereafter.

The Membership year runs from January through December of each calendar year.

See our Corporate Sponsors pages for the two levels on our web site: www.pahcomnj.com.

Please do not hesitate to contact Barbara A. Geoghegan, CMM, Chapter President, with any questions you may have.

Barbara A. Geoghegan, CMM
Central Jersey PAHCOM Chapter President
Administrator, Central Jersey Orthopaedic Specialists, P.A.
1907 Park Avenue Suite 102
South Plainfield, NJ 07080
Cjos.bg@verizon.net

For more information on the National PAHCOM Organization, go to www.pahcom.com



Central Jersey Chapter PAHCOM
Professional Association of Health Care Office Management
P.O. Box 321
South Plainfield, NJ 07080-0321
www.pahcomnj.com



GUIDELINES FOR PAHCOM CORPORATE SPONSORS

1. An annual membership fee (Jan-Dec) is due no later than Dec. 15th of each year. Membership dues will be accepted starting in Nov. for the upcoming year.
2. Corporate Membership requires the sponsorship of one breakfast per year. Once your dues have been received, you may contact the chairperson for a list of available breakfast slots from which you can choose. Prior corporate members will receive first priority of choice of meeting topics at which to present.
3. When you sign up for a sponsored breakfast, it is your responsibility to pay for that breakfast, even if you are unable to attend. The sponsor can share a selected meeting date with up to 2 other corporate sponsors.
4. You will be afforded the opportunity to provide an educational presentation at your sponsored event with prior board approval of the topic being presented.

Breakfast Sponsorship

Each corporate sponsor can have two representatives from their company present. You are welcome to bring guests, however your portion of the billing will reflect the cost of these additional individuals. The cost of breakfast is \$8.00 per person (average of 25 -140 attendees depending on topic or \$200 - \$1120 total). You may request to sponsor to sponsor an entire event, we will do our best to accommodate everyone. Depending on how many sponsors there are in a given year, there will 1-3 sponsors per event. They will have the following time to present:

- 1 sponsor = 30 minutes
- 2 sponsors = 15 minutes each
- 3 sponsors = 10 minutes each

In addition, the sponsor(s) will have a table to meet with the attendees prior to, during break and after the event. Please R.S.V.P. when attending a non-sponsored events. Breakfast and chair set up is based upon this critical information.



Central Jersey Chapter PAHCOM
Professional Association of Health Care Office Management
P.O. Box 321
South Plainfield, NJ 07080-0321
www.pahcomnj.com



CORPORATE SPONSOR

PROFESSIONAL & ETHICAL BEHAVIOR

1. If you fail to follow the guidelines established for Corporate Sponsors, you will be “removed” by the Board as a corporate sponsor of the Central Jersey PAHCOM Chapter. No refunds will be given.
2. When two sponsors are present, each presenter may speak to the full audience for fifteen minutes. When three sponsors are present at one educational event, they may each have ten minutes to present their educational and advertising materials.
3. Any handouts provided must be for the company that has obtained corporate membership status only. Non-member companies cannot display information at our meetings. We request that you do not do any selling during the presentation to our general membership.
4. If you wish to have your information disseminated to the general membership at the time of registration, your information must be packaged in individual sets for ease of distribution.
5. Do not share PAHCOM chapter members’ name, addresses, phones, etc. with anyone. This confidential information is provided to you as a courtesy for networking.
6. No Spam email is allowed.
7. All corporate sponsors will be provided with a copy of *Chapter Rules of Conduct and Code of Ethical Standards* provided by the National PAHCOM office. Corporate sponsors will be held to the same high standards as Chapter and National PAHCOM Members.



Central Jersey Chapter PAHCOM
 Professional Association of Health Care Office Management
 P.O. Box 321
 South Plainfield, NJ 07080-0321



Central Jersey Chapter of PAHCOM Corporate Sponsor Application

Platinum Corporate Sponsor

Gold Corporate Sponsor

New Corporate Sponsor _____

Renewing Corporate Sponsor _____

Company Name: _____

Contact Person 1: _____ **Title:** _____

Telephone: _____ () _____ **Ext.** _____ **Fax:** _____ () _____

Contact Person 2: _____ **Title:** _____

Telephone: _____ () _____ **Ext.** _____ **Fax:** _____ () _____

Mailing Address: _____ **Suite #:** _____
Street

City: _____ **State:** _____ **Zip Code:** _____

***** Referred by (chapter member name):** _____

Some Information About Your Company

Web Site Address: _____ **E-Mail address:** _____

Products and/or services, Special PAHCOM discounts/rates you offer: _____

Corporate Sponsor Pledge

I agree to promote the professionalism of The Central Jersey Chapter of PAHCOM and to further the Chapter by offering state of the art services and/or supplies to PAHCOM members. I understand that membership is from January – December, renewing every January.

Please make check payable to Central Jersey PAHCOM. Mail to: Central Jersey PAHCOM
 P.O. Box 321
 South Plainfield, NJ 07080

I have enclosed a check for the amount of \$300.00 for a Corporate Platinum Sponsorship

I have enclosed a check for the amount of \$150.00 for a Corporate Gold Sponsorship