The Medical Society of Delaware’s commitment to improving the health and well-being of Delaware’s citizens is evident through its dedication to high quality professional medical education. With innovative programs and partnerships, MSD is able to provide needed education to enhance the knowledge and skills of Delaware physicians and the health care profession in general. Through these efforts MSD endeavors to facilitate measurable improvements in patient outcomes, as well as continue to advance the delivery of quality education to Delaware physicians.

MSD is pleased to enter into an annual Premier Educational Partner Program Agreement with

Commencing on January 1, 2020 through December 31, 2020. This Agreement is renewable on an annual basis with submission of a new signed agreement and the appropriate annual fee. The 2020 annual fee is $2,500.00. The annual fee is payable with return of the Agreement and can be paid by credit card or check.

As a Premier Educational Partner you will have the benefit of:

- Display of your company logo on the monitors located in the MSD Conference Center Lobby. The organization is responsible for submission of the logo in a digital format, specified as follows: A graphic file such as a jpg, png, or tif format, with high resolution.

- Inclusion of your company logo on poster size signage on display at MSD and at events and meetings, including those open to the public. In order to be included on this printed signage, an annual Agreement, payment, and logo in digital format must be received by the established deadline.

- Co-branding of MSD and your company on pre-approved marketing materials (with maximum one week turnaround for approval by MSD).

- At least one opportunity to exhibit at an MSD-sponsored educational event, excluding our Annual Meeting held in November. MSD will provide options as they become available throughout the year.

- Placement of your logo on the homepage of the MSD website indicating your organization as a Premier Educational Partner with a link directly to your company website.

- Publicity for your organization in MSD Practice Matters and e-News and Views. A short article (approximately 300 words or less) would include a brief description about your organization, why you are a Premier Educational Partner, and your logo as an active electronic link to your company’s website. MSD will contact you up to approximately six weeks in advance of publication to provide this information.

- You have the opportunity to request up to four sets of mailing labels of our practicing physician members, customized to your needs. The mailing labels will include office addresses of our practicing physician members. Labels can be customized by county and specialty.

- Your organization will be included in a continuous monthly advertisement during the Agreement year that highlights all Premier Educational Partners and will be publicized in the Delaware Medical Journal, a bi-monthly scientific publication widely read by all MSD members.
I agree to the terms listed in this Premier Educational Partner Program Agreement.

Signature of Authorized Representative __________________________________________________________________________

Date __________________________________________________________________________

___________________________
Signature of Authorized Representative

Date __________________________________________________________________________

____________________________________________________
Printed Name __________________________________________________________________________

Title __________________________________________________________________________

Organization Name: __________________________________________________________________________

Phone __________________________________________________________________________ Email __________________________________________________________________________

Address __________________________________________________________________________

☐ If you were a Premier Educational Partner in 2019, check this box to authorize continued use of your organization’s logo currently on file.

PAYMENT METHOD

☐ Check

Check Number __________________________ Amount Paid $ __________________________

☐ Credit Card (Visa, Master Card, or American Express)

Card Number __________________________

CVC # __________________________ Expiration Date (MM/YY) __________________________

Name on Card __________________________________________________________________________

Billing Address for Card __________________________________________________________________________

For Office Use only: __________________________ Date Payment Received in full __________________________ Date Logo Received __________________________

Please return this completed Agreement with payment to:

Lynn Robinson
Department of Professional Education
Medical Society of Delaware
900 Prides Crossing
Newark, DE 19713
302-224-5198
lynn.robinson@medsocdel.org

Logos in digital format, as well as questions regarding logos should be directed to:

Mary Fenimore
Medical Society of Delaware
mary.fenimore@medsocdel.org
302-366-1074