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:

Name of Organization: ________________________________ commencing on January 1, 2017 through December 31, 2017. This Agreement is renewable on an annual basis with submission of a new signed agreement and the appropriate annual fee. The 2017 annual fee for the Premier Educational Partner Program 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. The 2017 deadline is determined to be December 31, 2016.

- 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 educational event outside of the 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.

- 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 monthly scientific publication widely read by all MSD members.

- Publicity for your organization in MSD 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.

- Exclusive opportunity for introduction to the MSD Executive Board to present your company and its services/products.

- For an additional $500, the option to exhibit at the MSD Annual Meeting on Saturday morning, November 18, 2017. This is a non-refundable fee payable at the time of enrolling in the 2017 program. Your organization must agree to paying the $2,500 Premier Educational Partner Program fee to be eligible for this opportunity.
2017 PREMIER EDUCATIONAL PARTNER AGREEMENT

I agree to the terms listed in this Premier Educational Partner Program Agreement.

Signature of Authorized Representative ______________________________

Date ______________________________

Printed Name ______________________________

Title ______________________________

Organization Name: ______________________________

Phone ______________________________

Email ______________________________

Address ______________________________

☐ If you were a Premier Educational Partner in 2016, check this box to authorize continued use of your organization’s logo currently on file.

☐ I am enrolling in the 2017 Premier Educational Partner Program for 2017. The annual fee is $2,500.

☐ For an additional non-refundable fee of $500, I request the opportunity to secure exhibit space at the MSD Annual Meeting on Saturday, November 18, 2017. I understand this is limited to the first eight who sign up for this exhibit opportunity. (Must choose to enroll in the 2017 Premier Educational Partner Program to be eligible.)

PAYMENT METHOD

☐ Check Check Number ________________ Amount Paid $ ________________

☐ Credit Card (Visa, Master Card, or American Express) Card Number ________________ CVC # ________________

Name on Card ________________ Expiration (MM/YY) ________________

Billing Address for Card ______________________________

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

Please return this completed Agreement with payment to:

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