

# Best Places to Work in Healthcare

## Company Participation Registration Form

REGISTRATION DEADLINE: February 22, 2019

Please complete the following information and submit this form by February 22nd. Once Best Companies Group receives this form, you will be sent a confirmation email with detailed information about the survey process.

**Company Name:** \_\_\_\_\_

(Name as it should appear in print)

**Legal Name of the Company:** \_\_\_\_\_

(If different than listed above.)

**Federal Employer Identification Number (FEIN):** \_\_\_\_\_

**Mailing Address (No home addresses):** \_\_\_\_\_

**County:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

Is this the corporate address?  Yes  No

If no, please fill out the corporate address below.

**Mailing Address (No home addresses):** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Company Website URL:** \_\_\_\_\_

**What is your organization's Twitter handle?** \_\_\_\_\_

**Industry:**  Healthcare Providers  Healthcare Insurers  Healthcare Suppliers

**Primary Contact** (This person will be the main contact for questions throughout the entire process and the recipient of all communications (via emails, letters, phone and website), employee surveys for distribution, feedback reports, etc.)

**Salutation:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Mailing Address (No home addresses):** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Direct Dial Phone Number (No home or cell phones please):** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Is this contact an employee of the company?  Yes  No

**Secondary Contact** (This person will be the contact for questions if the primary contact is unavailable.)

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Direct Dial Phone Number (No home or cell phones please):** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

### Start Here!

#### Best Companies Group Registration Information

Thank you for your interest in participating in the 2019 "Best Places to Work in Healthcare" program. Registration is simple, however we encourage you to read the participation information carefully before submitting your registration form.

To participate, all companies begin by filling out and submitting a registration form and faxing it to (717) 412-7307.

Registration Deadline: February 22, 2019

Once the registration information is received by Best Companies Group, companies will receive a confirmation email (which will include additional instructions). Participation is free unless you need us to administer the survey via traditional paper surveys (fees are for printing, shipping and processing of the surveys). The fee is based upon the size of the company.

Number of US Employees	# Employees Surveyed	Online Fee(1)	Paper Fee(1)
25 - 99	All	FREE	\$395
100 - 199	All	FREE	\$525
200 - 499	Up to 250(2)	FREE	\$605
500 - 2499	350(2)	FREE	\$705
2500 +	400(2)	FREE	\$860

**Online Survey**  
(Email-based)

**Paper Survey**  
(Hard Copy)

(1) Fees are non-refundable.

(2) Employees are randomly selected. Best Companies Group offers the option to survey more employees than the random sample calculated in the above chart, and/or include additional employees in the survey process who work in locations outside of the program area. Please contact Best Companies Group for details and pricing.

Upon completion of the assessment process, all participating organizations will have the opportunity to purchase the Best Companies Group Employee Feedback Report which details the results of their specific survey. Similar reports can cost thousands of dollars if initiated independently.

Once the registration is received, Best Companies Group will send the organization (according to the timeline):

The Employer Benefits & Policies Questionnaire (employer questionnaire)

A set of Employee Engagement & Satisfaction Surveys (employee surveys)

Survey instructions

Other supporting information

**CEO, President, Manager, Etc.** (Highest-ranking position in the nominated workplace.)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address (No home addresses): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**IT Contact** (This person will be the contact for any technical systems questions regarding online surveys - for all employer questionnaires and online surveys for employees - regarding filtering, spam content, white-listing, etc.)

Name: \_\_\_\_\_

Direct Dial Phone Number (No home or cell phones please): \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Marketing Contact** (This person will handle any marketing and/or public relations questions for your company.)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Direct Dial Phone Number (No home or cell phones please): \_\_\_\_\_

Email Address: \_\_\_\_\_

**Additional Company Information:**

Total number of employees in the United States (excluding temporary/seasonal and per diem employees).

Total US Employees: \_\_\_\_\_ Full-time US Employees: \_\_\_\_\_ Part-time US Employees: \_\_\_\_\_

- Online Employee Survey (Email-based)     Paper Employee Survey (Hard Copy)

**Name of person completing this registration form:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you authorized to enter your company into this process:  Yes  No

**Commitment:** I understand that by submitting this form, our organization is entered into the "Best Places to Work in Healthcare" program. I am committing to meet all deadlines and complete both portions of the assessment process. If at any point we choose to withdraw from the process, we will notify a representative of Best Companies Group at 1-877-455-2159 immediately. Organizations withdrawing after February 22, 2019 will incur a \$250 withdrawal fee in addition to the total fees incurred for any special requests (customization orders, language translations, paper survey processing, etc.).

Please be aware that as part of the "Best" program, a certain threshold of employee survey responses must be received in order for the analysts to consider the survey data valid. If a company does not meet this threshold, their full consideration for the "Best" list may be jeopardized, even resulting in elimination. In the rare case a company's response rate is extremely low, a statistically valid Employee Feedback Report will not be presented, if purchased. All fees are non refundable.

**Submit this registration form  
by faxing it to 717-412-7307**

**Additional Survey Options**

Does your company need surveys in another language? \*

- Spanish-Latin American     Spanish-European  
 French     Chinese     Japanese     Other

If Other: \_\_\_\_\_

\* Best Companies Group has the ability to survey employees in additional languages. For a fee we can provide the employee survey in another language. If your company needs surveys in a language other than English, please check the box above and you will be contacted with additional information.

Is your company interested in customizing the job role and department category demographics for a fee, on the employee survey?

Did this organization participate last year?

- Yes     No

If yes, name of the company if it is different than listed on this form:

\_\_\_\_\_

**How did you hear about the program?**

- Modern Healthcare - Editorial  
 Modern Healthcare - Print ad  
 Modern Healthcare - Online ad  
 Modern Healthcare - Email  
 Modern Healthcare - Website  
 Best Companies Group - Email  
 BestCompaniesGroup.com - Website  
 Best Companies Group - Letter  
 Best Companies Group - Phone call  
 Internet Search/Google  
 Other - Please describe

\_\_\_\_\_

**IMPORTANT:** If any of the contact information changes at any point in the process, please notify Madelyne Barroso at MBarroso@BestCompaniesGroup.com immediately.

**Best Companies Group▶▶▶**

1500 Paxton Street  
Harrisburg, PA 17104  
(717) 323-5272 | (717) 412-7307 (fax)  
Email: MBarroso @BestCompaniesGroup.com