Corporate Partner and Sponsor Profile

2022-2023

WWW.MSNJ.ORG
About the Medical Society of New Jersey, *established 1766*

*Mission:* To promote the betterment of the public health and the science and the art of medicine, to enlighten public opinion in regard to the problems of medicine, and to safeguard the rights of the practitioners of medicine.

Founded in 1766, the Medical Society of New Jersey is the first and oldest professional society in the United States. The organization and its dues-paying members comprised of physicians and practice administrators are dedicated to a healthy New Jersey, working to ensure the sanctity of the physician–patient relationship. In representing all medical disciplines, MSNJ advocates for the rights of patients and physicians alike, for the delivery of the highest quality medical care. This allows response to the patients’ individual, varied needs, in an ethical and compassionate environment, in order to create a healthy Garden State and healthy citizens.

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**Partnership Opportunities**

You can reach your target audience through the largest physician association in the state of New Jersey through MSNJ Corporate Partner and sponsorship opportunities. MSNJ provides exposure opportunities to participating vendors in exchange for monetary support. The financial support helps MSNJ keep membership dues affordable and continue developing high quality programming. In return, businesses receive visibility, awareness and exposure to some of the most sought after professionals in the world.

For a list of current partners and benefits, please visit our website: [www.msnj.org](http://www.msnj.org)

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**Contact Information**

Medical Society of New Jersey
2 Princess Road
Lawrenceville, New Jersey, 08648 • Phone: 609-896-1766 x 220 • Fax: 609.896.1347 • Email: mzarzycki@msnj.org

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Corporate Partner Program

MSNJ designed the Corporate Partner program to provide members with a resource guide for both their professional and personal needs. The program provides exposure opportunities to participating vendors through six different levels of participation: Platinum, Gold, Silver, Bronze, Patron & Corporate. Corporate Partner program products and services must accommodate a business or personal need of MSNJ members throughout New Jersey.

<table>
<thead>
<tr>
<th>Platinum Level - $25,000</th>
<th>Silver Level - $5,000</th>
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<tbody>
<tr>
<td>• Use of MSNJ Platinum Partner logo</td>
<td>• Use of MSNJ Silver Partner Logo</td>
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<tr>
<td>• Access to MSNJ Physician and Practice Manager member address list OR email sent by MSNJ on company’s behalf for promotional purpose 4x Year</td>
<td>• Access to MSNJ Physician and Practice Manager member address list OR email sent by MSNJ on company’s behalf for promotional purpose 2x Year</td>
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<tr>
<td>• Listing in the Member Resource Guide - Electronic and Printed** (Product/service description limited to 215-225 words)</td>
<td>• Listing in the Member Resource Guide - Electronic and Printed* (Product /service description limited to 115-125 words)</td>
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<tr>
<td>• Listed as a Corporate Partner on the MSNJ Website with contact info., website link, including link to “your news” – articles, press releases, etc.</td>
<td>• Listed as a Corporate Partner on the MSNJ Website with contact info and website link, includes link to “your news” – articles, press releases, etc.</td>
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<tr>
<td>• Corporate Partner Feature in our weekly e-News 12x Year</td>
<td>• Corporate Partner Feature our weekly e-News 1x Qtr (4x Year)</td>
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<td>• Week-long “Partner” featured on MSNJ home page w/links to your website 4x Year</td>
<td>• Week-long “Partner” featured on MSNJ home page w/links to your website 1x Year</td>
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<tr>
<td>• Conduct “your own” educational webinars via MSNJ 4x Year</td>
<td>• Conduct “your own” educational webinar via MSNJ 1x Year</td>
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<tr>
<td>• Article or Display Advertising in Member Resource Guide 4 Qtrs</td>
<td>• 25% Discounted Exhibitor opportunity at the MSNJ Annual Meeting</td>
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<tr>
<td>• Complimentary Exhibitor table at the MSNJ Annual Meeting</td>
<td>• 25% Discounted Exhibitor opportunity at events if available</td>
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<tr>
<td>• Complimentary Exhibitor table at other MSNJ events if available</td>
<td>• Introduction at Board Meeting 1x Year</td>
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<tr>
<td>• Complimentary Tickets (2) to the MSNJ Annual Meeting President Inaugural Gala</td>
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<tr>
<td>• Speaking engagement/introduction at Board Meeting 1x Year</td>
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<tr>
<td>• Speaking engagement at PSP Meeting – topic approved by staff 1x Year</td>
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| Gold Level - $10,000 |  |
|---------------------|  |
| • Use of MSNJ Gold Partner Logo |  |
| • Access to MSNJ Physician and Practice Manager member address list OR email sent by MSNJ on company’s behalf for promotional purpose 3x Year |  |
| • Listing in the Member Resource Guide - Electronic and Printed* (Product/service description limited to 150-175 words) |  |
| • Listed as a Corporate Partner on the MSNJ Website with contact info and website link, includes link to “your news” - articles, press releases, etc. |  |
| • Corporate Partner Feature in our weekly e-News 2x Qtr (8x Year) |  |
| • Week-long “Partner” featured on MSNJ home page w/links to your website 3x Year |  |
| • Conduct “your own” educational webinar via MSNJ 2x Year |  |
| • Article or Display Advertising in Member Resource Guide 3 Qtrs |  |
| • 75% Discounted Exhibitor opportunity at the MSNJ Annual Meeting |  |
| • 75% Discounted Exhibitor opportunity at other MSNJ events if available |  |
| • Introduction at Board Meeting 1x Year |  |
| • Speaking engagement at PSP Meeting – topic approved by staff 1x Year |  |

| Bronze Level - $2,500, $2,750 |  |
|-----------------------------|  |
| • Use of MSNJ Bronze Partner logo |  |
| • Access to MSNJ Physician and Practice Manager member address list OR email sent by MSNJ on company’s behalf for promotional purpose 1x Year |  |
| • Listing in the Member Resource Guide - Electronic and Printed* (Product /service description limited to 65-75 words) |  |
| • Listed as a Corporate Partner on the MSNJ Website with contact info and website link. A link to “your news” – articles, press releases, etc. @ $250.00 additional |  |
| • Corporate Partner Feature in our weekly e-News 2x Year |  |
| • 15% Discounted Exhibitor opportunity at events if available |  |

| Patron Level - $500 |  |
|-------------------|  |
| • Listed as a Corporate Partner on the MSNJ Website with contact info and website link |  |

Add On

- Conduct “your own” educational webinars- via MSNJ@$250, Hosted by Partner@$100
- Article or Display Advertising in Member Resource Guide - ½ Page@$100, Full Page@$150
- Additional access to MSNJ Physician and Practice Manager member address list OR email sent by MSNJ on company’s behalf for promotional purpose@$250
“a la carte” Sponsorships

Your support/sponsorship will be gratefully acknowledged with signage. In addition, we can make available to meeting attendees, any promotional material you wish to provide.

**Sponsorship of a MSNJ Board of Trustees Meeting - Quarterly**
- $300.00 for Corporate Partner
- $750 for Non-Corporate Partner

**Sponsorship of a Policy and Strategy Panel Meetings - Quarterly**
- $300.00 for Corporate Partner
- $750 for Non-Corporate Partner

**Sponsorship of a Policy and Strategy Event - Not Regularly Scheduled (Physician Leaders, Health Insurance Leaders, Legislators)**
- $1,000.00 Corporate Partner
- $1,500.00 Non-Corporate Partner – please contact Sue Hoisington 609-896-1766 x207

**MSNJ Annual Meeting Sponsorships – Yearly, month of April or May**
- A variety of sponsorships are available – please contact Melissa Zarzycki, 609-896-1766 x220

Corporate Partners are considered first to provide sponsorship for other events or activities planned /developed by the Medical Society of New Jersey.
APPLICATION FOR CORPORATE PARTNER PROGRAM

The Medical Society of New Jersey (MSNJ) Corporate Partner Program provides members with a resource guide for products and services that meet both their business and personal needs. Companies interested in participating in this program must be able to meet the following criteria:

**General Criteria for Corporate Partner Program**
1. Product/service must accommodate a business or personal need of the MSNJ members.
2. Vendor must be able to service the entire state of New Jersey or regional areas of New Jersey.

**Partner Acceptance Procedures**
- Upon receipt of the application and payment, you will receive a letter and an agreement.
- The MSNJ reserves the right to approve or reject any application for participation. If the application is rejected, the designated contact will receive written response to the application.
- Participation is designated on an annual basis and is subject to review and payment of participation fees each year.

Please complete this application and return the completed application to:

**Medical Society of New Jersey**  
**Corporate Partner Program**  
**2 Princess Road**  
**Lawrenceville, NJ 08648**

Applicant Company: ________________________________________________________________

Contact for Application: __________________________________________________________

Title: ____________________________________________________________

Mailing Address: ________________________________________________________________

City: ___________________________ State: _____ Zip: __________

Phone: ___________________________ Fax: ____________________________

E-mail: ________________________________________________________________

Company Website: ____________________________________________________________
Marketing Copy

Please provide or attach marketing copy that describes your products/services, including contact information for members. Please abide by the word limit outlined for the level you chose. This information will be posted on our website and printed in the Member Resource Guide. Also indicate how you would like to be classified in our marketing materials. Example: “Insurance Products”

________________________________________________________
________________________________________________________
________________________________________________________

Please provide a minimum of three client references of those who are currently using your product or service and who we may contact.
1. ______________________________________________________
2. ______________________________________________________
3. ______________________________________________________

Additional Information Requested

1. Number of years in business: _____
2. Description of client base – primary focus: __________________________________________________________
   __________________________________________________________
   __________________________________________________________
3. Corporate Philosophy – customer guarantee/quality statement: __________________________________________
   __________________________________________________________
   __________________________________________________________

4. Benefits and value of product/service to MSNJ members: ______________________________________________
   __________________________________________________________
   __________________________________________________________

5. Overview of discount or value added for MSNJ members (will your services be offered to MSNJ members at preferential rates?). Please provide an example:
   __________________________________________________________
   __________________________________________________________

6. Has any owner, partner, officer, or director of your company ever been convicted of, or currently charged with, committing a crime, whether or not adjudication was withheld? “Crime” includes a felony or military offense. “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty of nolo contendere, or having been given probation, a suspended sentence, or a fine.

   □ Yes    □ No

6a. If yes, please attach a written statement explaining the circumstances of each incident.
7. Has your company or any owner, partner, officer, or director ever been involved in an administrative proceeding by any agency of a state or the federal government? “Involved” means having a license censured, suspended, revoked, canceled, terminated, or being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid denial.

☐ Yes ☐ No

7a. If yes, please attach a written statement identifying the type of license and explaining the circumstances of each incident.

8. Has the company filed for bankruptcy protection with the last 10 years?

☐ Yes ☐ No

8a. If yes, please provide a statement summarizing the type and location of bankruptcy.

9. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation, or conversion of funds, misrepresentation, or breach of fiduciary duty?

☐ Yes ☐ No

9a. If yes, please attach a written statement summarizing the details of each incident.

10. Name of person completing this application: __________________________________________________________

Title: ____________________________ Date: ____________________________

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11. Please select your participation level: (please enclose check/credit card for that amount with application)

Platinum ☐ $25,000  Bronce ☐ $2,500 or ☐ $2,750
Gold ☐ $10,000  Patron ☐ $500
Silver ☐ $5,000

12. Check Enclosed ☐ Credit Card (visit www.msnj.org/partners to complete the application and to pay by credit card)

Thank you for your application!
Medical Society of New Jersey
Sponsorship Application

PLEASE PRINT

Company Name: ________________________________

Address: _____________________________________

City: __________________________ State: _____ Zip: __________

Contact Name: ________________________________

Title: _________________________________________

E-Mail: _________________________________________

Phone: __________________________ Fax: ________________

Products/Services to be exhibited: __________________________

1. Name of Event: _____________________________________

Sponsorship Opportunity: ________________________________

Sponsorship Amount: $_______________

2. Name of Event: _____________________________________

Sponsorship Opportunity: ________________________________

Sponsorship Amount: $_______________

Total Amount: $_______________

Enclosed is a check for $________________ made payable to Medical Society of New Jersey

To pay by credit card, visit www.msnj.org.

Please return to Melissa Zarzycki: mzarzycki@msnj.org • Fax: 609.896.1347 • Phone: 609-896-1766 ext. 220