



Corporate Partner and Sponsor Profile

2024-2025

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.

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

Contact Information

Medical Society of New Jersey
PO BOX 8909, Trenton NJ 08650
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 five 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.

Platinum Level - \$25,000

- Use of MSNJ Platinum Partner logo
- Access to MSNJ Physician and Practice Manager member address list OR email sent by MSNJ on company's behalf for promotional purpose **4x Year**
- Listing in the Member Resource Guide - Electronic and Printed** (Product/service description limited to **215-225 words**)
- Listed as a Corporate Partner on the MSNJ Website with contact info., website link, including link to "your news" – articles, press releases, etc.
- Corporate Partner Feature in our weekly *e-News* **12x Year**
- Week-long "Partner" featured on MSNJ home page w/links to your website **4x Year**
- Conduct "your own" educational webinars via MSNJ **4x Year**
- Article or Display Advertising in Member Resource Guide **4 Qtrs**
- Complimentary Exhibitor table at the MSNJ Annual Meeting
- Complimentary Exhibitor table at other MSNJ events if available
- Complimentary Tickets (**2**) to the MSNJ Annual Meeting President Inaugural Gala
- Speaking engagement/introduction at Board Meeting **1x Year**
- Speaking engagement at PSP Meeting – topic approved by staff **1x Year**

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**

Silver Level - \$5,000

- Use of MSNJ Silver Partner Logo
- Access to MSNJ Physician and Practice Manager member address list OR email sent by MSNJ on company's behalf for promotional purpose **2x Year**
- Listing in the Member Resource Guide - Electronic and Printed* (Product /service description limited to **115-125 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 our weekly *e-News* **1x Qtrly (4x Year)**
- Week-long "Partner" featured on MSNJ home page w/links to your website **1x Year**
- Conduct "your own" educational webinar via MSNJ **1x Year**
- **25%** Discounted Exhibitor opportunity at the MSNJ Annual Meeting
- **25%** Discounted Exhibitor opportunity at events if available
- Introduction at Board Meeting **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
PO Box 8909
Trenton, NJ 08650**

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: _____

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

Platinum \$25,000

Bronze \$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