

Best Places to Work in Healthcare

Company Participation Registration Form

REGISTRATION DEADLINE: March 5, 2021

Please complete the following information and submit this form by March 5th. 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 2021 "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: March 5, 2021

Once the registration information is received by Best Companies Group, companies will receive a confirmation email (which will include additional instructions). Participation is \$125 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 | Registration Fee(1) | Paper Fee(1) |
|------------------------|----------------------|---------------------|--------------|
| 25 - 99 | All | \$125 | \$415 |
| 100 - 199 | All | \$125 | \$545 |
| 200 - 499 | Up to 250(2) | \$125 | \$625 |
| 500 - 2499 | 350(2) | \$125 | \$725 |
| 2500 + | 400(2) | \$125 | \$880 |

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 BCG Insights Report package 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 March 5, 2021 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.) and the \$125 registration fee.

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 BCG Insights Report package 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▶▶▶

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