



HEALTH MEDIA SYNDICATE

2028 Village Lane
Suite 201
Solvang, CA 93463
805-694-3103

Campaign Submission Form

Healthcare Organization

Company Name _____

Company URL _____

Contact _____

Title _____

Delivery Address _____

City _____ State _____ Zip _____

Telephone _____

E-Mail _____

Provider Type

- Hospital
- Healthcare System (2-10 hospitals)
- Healthcare System (over 10 hospitals)
- Specialty Hospitals (Children's, Rehab, Geriatric, Psych, Heart, etc.)
- HMOs/PPOs/Health Insurance
- Other Healthcare (Medical Practice, Pharmaceutical, Medical Devices)

Designated Market Areas

Please list DMA(s) by name(s) and state in which this campaign was run.

Campaign Information

Campaign Name _____

Target Audience _____

Campaign Goal _____

Dates of Campaign: start date _____ end date _____

Materials Included (check all that apply)

- Television Advertising
- Radio Advertising
- Special Video Production
- Outdoor Transit/Billboard
- Special Event/ Health Fair
- Health Education Programming
- Newspaper Advertising
- Newspaper Insert
- Magazine Advertising
- Newsletter/ Publication
- Direct Mail Advertising
- Poster
- Patient Handbook/Brochure
- Misc. Collateral—T-Shirts, Promo Materials

Other: _____

Advertising Agency (involved in this campaign production)

Company Name _____

Company URL _____

Contact _____

Title _____

Delivery Address _____

City _____ State _____ Zip _____

Telephone _____

E-Mail _____