

Revised 12-4-2000

**JOHNS HOPKINS MEDICINE
Marketing Assistance
Request/Information**

For internal use
Date received _____
Approved by _____
Date Approved _____

Please complete the questionnaire and fax to Leslie Waldman, at 410-614-9709. If you have any questions or want assistance in completing the form call her at 410-955-8664.

Department Contact _____
Phone _____

Department _____
Fax _____

1. What type of marketing assistance would you like? (Check all that apply.)
- Data Collection and Analysis Market Research Market Strategy Business Development
 Marketing Plan Development Product Development Advertising Direct Mail
 Brochure Promotional Activities (displays, education seminars, etc.) Funding

Please elaborate:

2. Describe the clinical service/program you wish to market. Attach materials, articles, etc.

3. Is there a deadline for completing this project? If so, please indicate the deadline date: _____

4. Who are the key target markets for this effort?
- Public (specify age/sex) _____
 Referring Physicians (note specialties) _____
 Managed Care Organizations _____
 Employers _____ Others _____
 (specify) _____

5. What are our competitive advantages, e.g. new technology that will decrease LOS, new treatment that will benefit patients, low cost? What will attract people to this service?

6. How broad a geographic market do you envision? (Check all that apply.)
- Baltimore City/County Washington DC National
 Central Maryland Regional International

7. If this is a request that you anticipate will require Marketing Start-up Funds, please indicate the amount the department has budgeted for this effort: \$ _____ and attach a business plan and budget.

8. Authorization by Department Administrator:

Signature _____ Name (Please Print) _____ Date _____