The Get Acquainted Survey

Medical Center Information

Tell us a little about your facility and situation to help us customize a package just for you.

Section 1: Physical (*please print)*	
Organization Name:	Parent Company/Organization:
Primary Contact Name:	City:
City:	Zip Code:
Zip Code:	Telephone Number: ( )
Telephone Number: ( )	Fax Number: ( )
Fax Number: ( )	State/Providence:
State/Providence:	E-Mail Address:
E-Mail Address:	

Section 2: Logistical Information			
Number of employees at this facility:			
Number of beds at this facility:			
Is there an existing coffee and sandwich shop?	□ Yes	□ No	Rough size in Square Feet:
Is there an existing gift shop?	□ Yes	□ No	
Does your gift shop sell chocolates?	□ Yes	□ No	
Are you planning a renovation in the future?	□ Yes	□ No	Your last renovation was:
Where is your existing cafeteria in relation to the gift shop?			

Section 3: Marketing Capabilities		
Does your facility conduct fundraisers?		
Estimated number of fundraising and/or outside events held annually:		
How important is the customer experience to your staff? (Explain)		
Any special customer service initiatives?	□ Yes	□ No

Section 4: Business Information	
Where did you hear about this opportunity?	
From what sources will our organization find new sources of revenue in the next year?	
Please provide us with two business references:	
1. Name:	
Address:	City:
State/Zip:	Telephone:
2. Name:	
Address:	City:
State/Zip:	Telephone:

I certify that the above information supplied by me is true and correct.
The undersigned agrees: 1) that the information will be used only for the purpose of evaluating the possibility of conducting business with Medical Ventures Group; 2) that the information will not be copied or used for any other purpose; 3) that they will not replicate or reproduce any similar type store or home-based business of candy arrangements; and 4) if I do not conduct business with Medical Ventures Group the information will not be disclosed to any third party, except for legal, accounting and business advice.

Signature/Legal Name: Date: