

Marketing and Community Education

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Dear Medical Staff Member:

Lakewood Regional Medical Center (LRMC) is dedicated to helping our physicians build their practices through marketing activities .

The following two marketing strategies are being offered for a limited time:

- 1) "Ask the Doctor" newspaper column
- 2) Educational lectures

Both strategies are designed to provide value to the community, promote your practice and highlight the services offered at LRMC. Please complete the following forms if you would like to participate.

Ask the Doctor Column – Lakewood Regional works with two local newspapers to run a regular ad that features an LRMC physician answering a common patient questions related to that physician's specialty. Our goal is to provide as much visibility to our doctors as possible. The ads will run Monthly in the Los Cerritos Community News and The Lakewood Community News. To participate please complete the form below. All submissions are on a first come first serve basis.

Ask The Doctor Column

Name

First Name, Last Name and Specialty

Address

Phone

E-mail

Topic for column

This form is available online at
www.LrmcMDmarketing.com

**Please Fax Back to Patrick Houston
888-865-3141**

Marketing and Community Education

Marketing and Community Education - Community Lectures

Community education is a key component of Lakewood Regional Medical Center's community relations strategy and a means of bringing awareness to our physicians and services available at Lakewood Regional Medical Center. Scheduled lectures take place at various community centers in the community we serve during regular business hours. We typically schedule an hour for the lecture and the average attendance is approximately 30 people. In most cases, we promote the event in the local newspapers, press releases, hospital waiting areas, posted on Lakewoodregional.com, and Lakewood Facebook Page.

Please indicate below which date(s) and locations work best for you.

We value our physicians and are committed to ensuring their success. We will continue to keep you apprised of new marketing opportunities for building your practice.

Please indicate if you would like to participate and schedule a community lecture

First Name, Last Name and Specialty

Yes

No

Name

First Name, Last Name and Specialty

Address

Phone

E-mail

Marketing and Community Education

Cerritos Senior Center

Available dates in March
12340 South Street Cerritos, CA 90703

- Tuesday March 6
- Wednesday March 7
- Thursday March 8
- Monday March 12
- Tuesday March 13
- Wednesday March 14
- Thursday March 15
- Monday March 19
- Tuesday March 20
- Wednesday March 21
- Monday March 26
- Tuesday March 27
- Wednesday March 28
- Thursday March 29

The Cerritos Senior Center promotes their events in a quarterly newsletter

Please make your selections for the Cerritos Senior Center before 2/15/2011.

Please list your preferred Date(s) Topic

**Please Fax Back to Patrick Houston
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Marketing and Community Education

Cerritos Senior Center

Available dates in March
12340 South Street Cerritos, CA 90703

- Tuesday April 3
- Wednesday April 4
- Thursday April 5
- Monday April 9th
- Tuesday April 10th
- Wednesday April 11
- Thursday April 12
- Monday April 16
- Tuesday April 17
- Wednesday April 18
- Thursday April 19
- Monday April 23
- Tuesday April 24
- Wednesday April 25
- Thursday April 26

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Marketing and Community Education

Cerritos Senior Center

Available dates in March
12340 South Street Cerritos, CA 90703

- Tuesday May 1
- Wednesday May 2
- Thursday May 3
- Monday May 7
- Tuesday May 8
- Wednesday May 9
- Thursday May 10
- Monday May 14
- Tuesday May 15
- Wednesday May 16
- Thursday May 17
- Monday May 21
- Tuesday May 22
- Wednesday May 23
- Thursday May 24
- Tuesday May 29
- Wednesday May 30
- Thursday May 31

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Lakewood YMCA - 5835 Carson Street, Lakewood CA

Wednesdays 12:30 to 1:30 pm

- Wed. March 21
- Wed. March 28
- Wed. April 4
- Wed. April 11
- Wed. April 18
- Wed. April 25
- Wed. May 2
- Wed. May 9
- Wed. May 16
- We. May 23
- Wed. May 30

Please list your preferred Date(s) Topic

Weingart Senior Center - 5220 Olivia Avenue, Lakewood

Thursday Morning's 10:15 to 11:15 am

- Thursday March 8th
- Thursday March 29
- Thursday April 5
- Thursday April 12
- Thursday April 19
- Thursday May 3
- Thursday May 10
- Thursday May 17
- Thursday May 24
- Thursday May 31

Please list your preferred Date(s) Topic

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Mended Hearts Support Group Speaking Opportunities

Mended Hearts is a support group that consists of cardiac patients, their spouses and caregivers interested in learning more about leading productive and healthy lives.

They meet on the second Friday of each month (no meetings during December) from 3:30 to 4:45 pm. Meetings are held in the Conference Center at Lakewood Regional Medical Center. The hospital provides a speaker by a doctor or other knowledgeable person on a topic related to our experiences - about surgery, medications, exercise, doctor's visits, etc.

Mended Hearts Support Group Meeting Dates

Friday's 3:30 - 4:30

- Friday March 9
- Friday April 13
- Friday May 11

Please list your preferred Date(s) Topic

Please Fax Back to Patrick Houston
888-865-3141

Authorization and Consent to Photograph, Record, Interview and Publish Information, Statements or Images

By signing my name below under, the undersigned hereby authorizes and consent to permit Lakewood Regional Medical Center and its affiliates, and its and their respective successors and assigns Lakewood Regional Medical Center to use and publish, or permit other persons to use and publish, in any public manner Hospital deems reasonably appropriate, his or her name, voice, photograph, likeness, quotes, stories and/or any other information, statements or images (collectively, "Personal Materials") obtained in connection with the undersigned's employment by, or other performance of services for, Hospital:

- (1) for any commercial or non-commercial purposes, including but not limited to, for marketing, advertising, fundraising, development, public relations, media relations, charitable, educational and scientific purposes; and (2) in the form of print, audio, visual and social media, including but not limited to, articles, blogs, websites, brochures, pamphlets, newsletters, fliers, posters, advertisements, newspapers, film, live or taped television transmission, videotape, radio broadcast, and internet publication, The term "photograph" as used in this agreement shall mean motion picture, still photography or visual recording of any kind and in any format such as slides, negatives, prints, videotape, video disc, and any other means of recording and reproducing images, including composite or modified representations.
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- (1) Except as specifically stated above, the undersigned hereby waives any and all rights he or she may have with respect to any Personal Materials and all images or materials created from them. Without limiting the generality of the foregoing, the undersigned specifically waives (i) any rights he or she may have to be paid or otherwise compensated for the use of such Personal Materials, other images and materials, (ii) any rights he or she may have to control the manner of use of such Personal Materials, other images and materials, and (iii) any rights he or she may have to inspect or approve the finished product incorporating or based on, in whole or in part, the Personal Materials, other images and materials, including but not limited to photographs and printed matter that may be used as described above. Furthermore, the undersigned and his or her successors and assigns hereby release and hold Hospital and its officers, directors, agents and employees harmless from and against any claim for injury or compensation resulting from the activities authorized by this authorization and consent.

By my signature below, I certify the information I provided on this form is true and correct. I agree that this Disclosure and Authorization form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any reports that may be requested by or on behalf of the Client.

Signature _____ Date _____