

IN THE SPOTLIGHT

WHPRMS *Connections* Member Spotlight Questionnaire

Name: _____

Title: _____

Organization: _____

Briefly describe your organization (location, size, other associated organizations, key services, etc.):

Describe your position and your key responsibilities: _____

How long have you been working in your current position? _____

How long have you worked in the health care industry? _____

What made you select health care marketing/public relations for a career and if applicable, what was your first position in the health care industry?

How long have you been a member of WHPRMS? _____

Why did you first join the Society? _____

FORWARD COMPLETED FORMS TO: Tim Drinan, Ministry Health Care, 11925 West Lake Park Drive, Suite 100, Milwaukee, WI 53224-3013; Fax (414) 359-1033; E-mail drinant@ministryhealth.org

Describe your current and past involvement with WHPRMS (if applicable): _____

What is the most beneficial aspect of your membership in WHPRMS? _____

Describe the greatest health care marketing challenge you have faced: _____

How did you meet that challenge? _____

What do you like best about working in health care public relations/marketing? _____

What do you like least about working in health care public relations/marketing? _____

Describe your most successful public relations/marketing project to date and the impact it had on your organization, patients or the general community:

What words of wisdom can you offer to other health care marketers? _____

What is your educational background (degree/area of emphasis and school/university) ? _____

What hobbies or interests do you pursue in your free time? _____

Additional comments or information you would like to share with members: _____

When submitting your responses, also enclose a photo we can run with the article. You will see a proof of the article and have the ability to edit the column before it is published.

Thank you for your time and contribution to *Connections*.