



Building Your Brand  
and Enhancing  
Customer Satisfaction

***Part 4 - Practical Steps and Expert Advice to Consider When Implementing an  
Enterprise Risk Management Plan – Building Your Brand and Enhancing Customer Satisfaction***

**Thursday, September 6, 2018 | Sheraton Eatontown Hotel**

**6 Industrial Way, Eatontown New Jersey**

**8:00 – 11:00 a.m. | Registration/Breakfast 7:30 a.m.**

This workshop is the 4th in the series on Enterprise Risk Management for the medical practice. This session focuses on company culture, patient satisfaction and digital ranking of your practice. Do your employees project your practice's mission, vision and values? Do they support you by connecting your brand promise to organizational behaviors, which in turn support service delivery? Our expert panel will discuss the variety of strategies and tools available to turn patient satisfaction data into actionable information to improve the patient experience. Are consumers only finding your competitors when they search Google for your practice offerings? Our search engine optimization (SEO) expert will discuss how your practice can create an online presence that will enable you to optimize your digital visibility.

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**Presenters:**

**Scott Dailey, Vice President, Sales and Marketing | Single Throw Marketing**

**Expert Panel:**

**Jana Foor, Administrator | Orthopedic Sports Medicine and Rehabilitation Center, PA**

**William Schmitt, Chief Executive Officer | Monmouth Cardiology**

**Tom Zeug, Chief Operating Officer | Tenafly Pediatrics, PA**

**Christopher Schierer, Administrative Director of Operations | Tri-County Orthopedics**

***Pre-Registration is Required!***

***Attendance at Parts I, II and III are not prerequisites for Part IV.***

*To register for this program, fax or e-mail registration to Kolby Seidl at 978-244-5111 or [KSeidl@mdanj.com](mailto:KSeidl@mdanj.com), or register online at [www.MDAdvantageonline.com](http://www.MDAdvantageonline.com).*

*Physicians who attend this program will earn one (1) Risk Education Credit.*

Name: \_\_\_\_\_  
Specialty: \_\_\_\_\_  
Practice Affiliation: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_



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