



Integrity: MyHolisticApproach.com, LLC Marketing Pre-Sale Application

NO MONEY WILL BE COLLECTED UNTIL THE WEBSITE IS COMPLETE!

Swartz Creek Office Park
6199 Miller Rd.
Suite A
Swartz Creek, MI 48473

Phone: 810.630.6083
Fax: 810.630.0962
E-mail:
Advertising@MyHolisticApproach.com

Join Integrity:MyHolisticApproach.com, LLC at the grass roots and be the first to gather national research data on holistic goods and services. *By completing this application you are agreeing to buy advertising once MyHolisticApproach.com is completed. At that time you will be contacted to submit your final ad and payment and start the contract for one year.*

ADVERTISING AND RESEARCH APPLICATION

Name of Business or Organization: _____

Contact Person and Title: _____

Address: _____

City: _____

State: _____

Zip: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Type of Business: _____

Listing Category Preference: i.e.: Chiropractor, Massage Therapy, Financial Planner

What organizations are you affiliated with that might be interested in joining Integrity?

What other forms of advertising do you participate in:

- | | |
|---|---|
| <input type="checkbox"/> Holistic Directory Website | <input type="checkbox"/> Billboards |
| <input type="checkbox"/> Holistic Newsletter | <input type="checkbox"/> email marketing |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Yellow pages | <input type="checkbox"/> Your own website, search engines |
| <input type="checkbox"/> Holistic Directory, Print | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Community Directory, such as Chamber of Commerce | |
| <input type="checkbox"/> Television ads | |
| <input type="checkbox"/> Publication ads | |

For Office Purposes Only Corporate Professional Provider

CORPORATE OR PROFESSIONAL ADVERTISING AND RESEARCH APPLICATION Continued

Choose Which Type of Advertising/Research Plan Your Company/Organization Would Like to Sponsor:

 Corporate Sponsorship **\$10,000 Contract for 1 Year**

- Purchase a premium banner ad on MyHolisticApproach.com, A National Holistic Directory
- Link company/organization to each member or provider for name recognition and data collection
- Participate in research committee to determine the pre/post test tools for all the members
- Determine specific research tools linked to your members or providers
- Receive a quarterly report on your providers research data
- Receive an annual report on the pre/post test data for the membership
- Sponsor Integrity to launch in _____ (city and state)
- Agree to site Theresa Callard-Moore, MSW, ACSW,LMSW and Integrity if any of the research is published at any time
- Agree to attach a link to your website to Integrity
- Agree to sponsor Integrity at your conferences or conventions by paying for conference fees and booth/table fees (transportation, food, and lodging will be paid for by Integrity) in order to promote provider participation

Please answer the following to help us serve you better:

How many of your members, students, or providers do you have affiliated with your company?

How many of your members, students, or providers do you anticipate will participate in Integrity Community Health Plan?

How many clients/patients/consumers of each provider is likely to become members of Integrity?

Would your organization like Integrity to offer any of the following: choose all that apply

 Attendance at your annual conferences, offering a representative to pass out information about Integrity at a booth/table, If yes, when/where is your conference? _____

 Attendance at your annual conferences, conducting a presentation to your members

 Access to a video of the Integrity presentation launch of the city/state you have sponsored

 Brochures and other marketing materials to pass out to your members

 Other:

By completing this application you are agreeing to buy advertising once MyHolisticApproach.com is completed. At that time you will be contacted to submit your final ad and payment and start the contract for one year.

PLEASE COMPLETE AND FAX TO 810-630-0962 BY JULY 31,2010

Professional Sponsorship

\$5,000 Contract for 1 Year

- Purchase skyscraper ad on MyHolisticApproach.com, A National Holistic Directory
- Link company/organization to each member or provider for name recognition and data collection
- Obtain quarterly demographics on all members who participate with your providers
- Receive an annual report on the pre/post test data for the membership
- Agree to site Theresa Callard-Moore, MSW, ACSW, LMSW and Integrity if any of the research is published at any time
- Agree to sponsor Integrity at your conferences or conventions by paying for conference fees and booth/table fees (transportation, food, and lodging will be paid for by Integrity) in order to promote provider participation
- Develop a specific outcome survey for your providers for an additional \$1,000 year

For Professional and Corporate Sponsors

How many of your members, students, or providers do you have affiliated with your company?

How Many of Your Members, Students, or Providers do You Anticipate will Participate in Integrity Community Health Plan?

How many clients/patients/consumers of each provider is likely to become members of Integrity?

Would your organization like Integrity to offer any of the following: choose all that apply

_____ Attendance at your annual conferences, offering a representative to pass out information about Integrity at a booth/table, If yes, when/where is your conference held? _____

_____ Attendance at your annual conferences, conducting a presentation to your members

_____ Access to a video of the Integrity presentation during a launch

_____ Brochures and other marketing materials to pass out to your members

_____ Other:

By completing this application you are agreeing to buy advertising once MyHolisticApproach.com is completed. At that time you will be contacted to submit your final ad and payment and start the contract for one year.

PLEASE COMPLETE AND FAX TO 810-630-0962 BY JULY 31,2010

For Office Purposes Only _____ Corporate _____ Professional _____ Provider

Provider Sponsorship

\$250 Contract for 1 Year

- Purchase local provider ad on MyHolisticApproach.com, A National Holistic Directory
- Identify affiliations Corporate and Professional Sponsors on your listing
- Agree to participate in Community Calendar to educate the community
- Receive a check for your presentations at the Community Calendar events, if applicable
- Promote Integrity membership to your customers/clients/patients
- Offer a discount of 10% to 30% to members of Integrity
- Receive a quarterly reports on your practice and any professional affiliations that are corporate or professional sponsors
- Receive an annual report on the Integrity Community Health Plan
- Receive a profit sharing check for you referring your clients to become members
- Develop a specific outcome survey for your practice for an additional \$200 year

Please answer the following questions so that we may serve you better:

Do you currently have a credit card machine? YES NO

If yes, is it : DIAL UP DUAL COMM TERMINAL DON 'T KNOW

If no, Would you like to start taking credit cards if Integrity provides you with a machine? YES NO

For Providers

Why are you interested in joining Integrity?

How Many Members to You Anticipate Will Join Integrity Under You?

Would you be interested in paying for additional surveys on your goods or services?

Is there any ethical or professional conflicts to you receiving money for:

Speaking at the Integrity Community Calendar? YES NO

Receiving a profit sharing check from Integrity? YES NO

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PLEASE COMPLETE AND FAX TO 810-630-0962 BY JULY 31,2010

Join Integrity:MyHolisticApproach.com, LLC at the grass roots and be the first to benefit from discounts from any of your providers. Encourage them to gather national research data on holistic goods and services so we can turn our healthcare around. *By completing this application you are agreeing to buy a membership once MyHolisticApproach.com is completed. At that time you will be contacted to complete your health screening and payment and start the contract for one year.*

Integrity: MyHolisticApproach.com
Swartz Creek Office Park
6199 Miller Rd.
Suite A
Swartz Creek, MI 48473
877-780-2129 Phone
810-630-0962 Fax

MEMBER APPLICATION

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Type of Membership you are interested in:

_____ \$20 month for Individual (\$240 yr)

_____ \$50 month for Family (\$600 yr)
How many in your family _____

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BY JULY 31,2010**

For Office Purposes Only _____ Corporate _____ Professional _____ Provider

What type of providers do you attend now?

Do you think they would be receptive to joining Integrity?

YES

NO

If no, why not?

Do you like the idea of rating your providers and looking for providers with a good rating?

YES

NO

If your provider asked you to complete an additional survey, would you do it?

YES

NO

For the give back portion of the Foundation of Integrity, what would you like to recommend the money be used for in your community?

What type of Educational Seminars would you be interested in attending for the Community Education part of Integrity?

How often do you think they should be offered?

WEEKLY

BI WEEKLY

MONTHLY

QUARTERLY

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JULY 31, 2010**