



How Health Care Marketers Can Prove Marketing Attribution

Webinar MS0919

Tuesday, September 19, 2017
11:00 a.m. – 12:30 p.m. (CST)

Overview

As health care marketers, you are asked to prove the return on investment (ROI) for your campaigns. But how do you define success? Do your CEO and CFO agree with your definition? In this webinar, Eric Morgan will cover how to establish goals, gather the data you need and tailor reporting to specific audiences. He will offer tips on how to bridge the gap between marketing, administration and finance.

Target Audience

Marketing and Public Relations Managers, Directors and Staff

Objectives

1. Defining ROI (and getting all to agree on the same definition, methodology and calculation)
2. Establishing leading/lagging indicators
3. Using executive summaries to deliver marketing reporting to administration and finance
4. Establishing the most important items to report
5. Review of dashboard systems that help with ROI

Faculty

Eric Morgan, founder and president of Morgan & Co., has a rich background of over 20 years of media strategy, planning and buying experience in offline, online, non-traditional and promotional advertising tactics. He has handled media strategy for Louisiana Office of Tourism, Hotel Monteleone, Visit Baton Rouge and Frank D. Azar.

Eric earned an MBA from Tulane University and a BA from Loyola University in advertising communications with a minor in marketing. Eric speaks regularly at conferences, including the Southeast Tourism Society, Louisiana Hospital Association and the Louisiana Restaurant Association. He has taught advertising media planning in Loyola University's Communications Department. He is a fellow of Loyola's Institute for Environmental Communications and the Institute of Politics. In 2009, the Advertising Club of New Orleans named him Top Executive of the Year.

Certificates of Attendance

Certificates of Attendance will be issued to all registrants. These certificates should be placed on file at your hospital as evidence of attendance. Certificates of Attendance will not be awarded for recorded sessions.

Registration

\$175 for AHA Member Hospitals

Registration includes **one** internet connection and **one** telephone connection at **one** location, although there can be an unlimited number of participants from your organization in that **one** listening room.

Two days prior to the event, you will receive instructions and passwords for accessing the event, along with the slide presentation and other resource materials. It is the responsibility of the registrant to download and/or access presentation materials prior to the day of the event.

Participants should register at least five business days prior to the event to ensure optimal processing of conference materials. To register, please submit the attached registration form. If you have not received an e-mail with instructions ([via the e-mail provided on the registration form](#)) or if you are unable to download or open presentation materials, at least two business days prior to the event, please contact Anna Sroczynski at (501) 224-7878 or asroczynski@arkhospitals.org. **Without payment (via check or credit card), your registration cannot be processed, and you will not receive connection instructions.**

Cancellation Policy

Refunds, minus a \$25 processing fee, will be granted if requests are received in writing by the AHA at least 5 business days prior to the program. No refunds will be issued after that date. Fax cancellation/refund requests to the Education Department at (501) 224-0519.

REGISTRATION FORM

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Registration Fee

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Registration fee covers one or multiple participants at one location (**one connection per registration**) and includes one set of instructional materials/handouts. Upon receipt, additional handouts can be copied.

Name and Title of Contact Person _____

Organization _____

Mailing Address _____

City, State, Zip _____

Telephone _____ Fax _____ E-mail _____

Method of Payment

Check in the amount of \$_____ payable to the Arkansas Hospital Association is enclosed.

Credit Card # _____ Visa MasterCard *(AmEx and Discover Not Accepted)*

Cardholder's Billing Address (including zip code) _____

Expiration Date _____ CVV _____ Name on Card _____

Signature _____ Card Holder's Phone # _____

Mail form and payment to

Education Department, Arkansas Hospital Association, 419 Natural Resources Drive, Little Rock, AR 72205;
phone: (501) 224-7878; or fax form with credit card information to (501) 224-0519.