

Please complete the following information and submit this form by May 7th. Once the Best Companies Group receives this form, you will be sent a confirmation email and detailed information about the survey process.

Company Name: _____

(Name as it should appear in print)

Legal Name of the Company: _____

(If different than listed above)

Federal Employer Identification Number (FEIN): _____

Mailing Address: _____

City: _____

County: _____

State: _____

Zip Code: _____

Company Web site URL: _____

NAICS Code: _____

Industry: _____

Primary Contact (This person will be the main contact for questions throughout the entire process and the recipient of all communications (via emails and letters), employee surveys for distribution, feedback reports, etc.)

Salutation: _____

Name: _____

Title: _____

Mailing Address: _____

City: _____

State: _____

Zip Code: _____

Direct Dial Phone Number: _____

Fax Number: _____

Email Address: _____

Secondary Contact (This person will be the contact for questions if the primary contact is unavailable.)

Name: _____

Title: _____

Direct Dial Phone Number: _____

Email Address: _____

Start Here!

Best Companies Group Registration Information

Thank you for your interest in participating in the 2010 "Best Employers in North Carolina" program. Registration is simple, however we encourage you to read the participation information carefully before submitting your registration form.

To participate, all companies begin by filling out and submitting a registration form and faxing it to 717-236-6803.

Registration Deadline: May 7, 2010

Once the registration information is received by Best Companies Group, companies will receive a confirmation email (which will include additional instructions) and an invoice. There is a nominal participation fee to cover the costs associated with the evaluation process. The participation fee is based upon the size of the company and the survey preference.

Participation fees:

| Number of Employees | # Employees Surveyed | Online Fee ⁽¹⁾ | Paper Fee ⁽¹⁾ |
|------------------------|--------------------------|---------------------------|--------------------------|
| 15 - 24 ⁽²⁾ | All | \$570 | \$695 |
| 25 - 99 | All | \$595 | \$825 |
| 100 - 199 | All | \$695 | \$1,055 |
| 200 - 499 | Up to 250 ⁽³⁾ | \$745 | \$1,180 |
| 500 - 2499 | 350 ⁽³⁾ | \$815 | \$1,340 |
| 2500 + | 400 ⁽³⁾ | \$855 | \$1,530 |

Online Survey
(Electronic)

Paper Survey
(Hard Copy)

⁽¹⁾ Fees are non-refundable.

⁽²⁾ To ensure the credibility of the information, companies with 15-24 employees must have an 80% (or better) response rate to be considered for the list.

⁽³⁾ Employees are randomly selected.

*Upon completion of the assessment process, all participating companies will receive the Best Companies Group Employee Feedback Report which details the results of their specific survey. Similar reports can cost thousands of dollars if initiated independently.

Once the registration is received, Best Companies Group will send the company (according to the timeline):

The Employer Benefits & Policies Questionnaire (employer questionnaire)

A set of Employee Engagement & Satisfaction Surveys (employee surveys)

Survey instructions

Other supporting information

CEO, President, Manager, Etc. (Highest-ranking position in the state of the nominated workplace.)

Name: _____

Title: _____

Mailing Address: _____

City: _____

State: _____

Zip Code: _____

IT Contact (This person will be the contact for any technical systems questions regarding online surveys - for all employer questionnaires and online surveys for employees - regarding filtering, spam content, white-listing, etc.)

Name: _____

Direct Dial Phone Number: _____

Fax Number: _____

Email Address: _____

Marketing Contact (This person will handle any marketing and/or public relations questions for your company.)

Name: _____

Title: _____

Direct Dial Phone Number: _____

Email Address: _____

Should your company be named to the list, we would like to notify your top three vendors or suppliers (i.e. Health Insurer, Benefits Administrator, Bank, Accounting Firm, etc.). Please provide us with the contact information as requested below.

Vendors/Suppliers:

1) _____
Company Name Contact Phone Email Address

2) _____
Company Name Contact Phone Email Address

3) _____
Company Name Contact Phone Email Address

Additional Company Information:

Total number of employees in North Carolina (excluding temporary/seasonal and per diem employees).

Total Employees: _____ Full-time Employees: _____ Part-time Employees: _____

Online Survey (Electronic) **Paper Survey** (Hard Copy)

Name of person completing this registration form:

Name: _____

Title: _____

Email Address: _____

Are you authorized to enter your company into this process: YES NO

Commitment: I understand that submitting this form enters our company into the "Best Employers in North Carolina" program. I am committing to meet all deadlines; complete both portions of the assessment process and pay the registration fee. If at any point we choose to withdraw from the process, we will notify Megan Burns at (877) 455-2159 immediately.

Please be aware that as part of the "Best" program, a certain threshold of employee survey responses must be received in order for the analysts to consider the survey data valid. If a company does not meet this threshold, their full consideration for the "Best" list may be jeopardized, even resulting in elimination. In the rare case a company's response rate is extremely low, a statistically valid Employee Feedback Report will not be presented.

**Submit this registration form
by faxing it to 717-236-6803**

Participation fee:

Fees differ and are determined based upon the size of the company and whether or not you need for us to administer the survey online or via traditional paper surveys.

| Number of Employees | # Employees Surveyed | Online Fee(1) | Paper Fee(1) |
|---------------------|----------------------|---------------|--------------|
| 15 - 24(2) | All | \$570 | \$695 |
| 25 - 99 | All | \$595 | \$825 |
| 100 - 199 | All | \$695 | \$1,055 |
| 200 - 499 | Up to 250(3) | \$745 | \$1,180 |
| 500 - 2499 | 350(3) | \$815 | \$1,340 |
| 2500 + | 400(3) | \$855 | \$1,530 |

(1) Fees are non-refundable.

(2) To ensure the credibility of the information, companies with 15-24 employees must have an 80% (or better) response rate to be considered for the list.

(3) Employees are randomly selected.

How did you hear about the program?

- North Carolina Chamber - Email
- North Carolina Chamber - Ad
- North Carolina Chamber - Newsletter
- Best Companies Group - Email
- Best Companies Group - Phone call
- Best Companies Group - Letter
- Direct mail piece
- Other - Please describe

Additional Survey Options

Does your company need additional languages? *

- Spanish-Latin American Spanish-European
- French Chinese Japanese
- Other _____

* We offer employee surveys in a variety of languages. Additional languages are available at \$195 per survey translation. If you need alternate language surveys, please select the above button and you will receive additional information.

Is your company interested in customizing the job role and department category demographics on the employee survey? (Fees apply)

IMPORTANT: If any of the contact information changes at any point in the process, please notify Megan Burns at meganb@bestcompaniesgroup.com immediately.