

Best Companies to Work for in New York Company Participation Registration Form

REGISTRATION DEADLINE: October 4, 2019

Please complete the following information and submit this form by October 4th. Once Best Companies Group receives this form, you will be sent a confirmation email with 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 (No home addresses): _____

County: _____

City: _____ **State:** _____ **Zip Code:** _____

Is this the corporate address? Yes No

If no, please fill out the corporate address below.

Mailing Address (No home addresses): _____

City: _____ **State:** _____ **Zip Code:** _____

Company Website URL: _____

What is your organization's Twitter handle? _____

Industry: _____

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

Salutation: _____

Name: _____

Title: _____

Mailing Address (No home addresses): _____

City: _____ **State:** _____ **Zip Code:** _____

Direct Dial Phone Number (No home or cell phones please): _____

Fax Number: _____

Email Address: _____

Is this contact an employee of the company? Yes No

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

Name: _____

Title: _____

Direct Dial Phone Number (No home or cell phones please): _____

Email Address: _____

Start Here!

Best Companies Group Registration Information

Thank you for your interest in participating in the 2020 "Best Companies to Work for in New York" 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 717-412-7307.

Registration Deadline: October 4, 2019

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 in NY	# Employees Surveyed in NY	Online Fee(1)	Paper Fee(1)
15 - 24 ⁽²⁾	All	\$830	\$1,100
25 - 99	All	\$855	\$1,270
100 - 199	All	\$955	\$1,500
200 - 499	Up to 250 ⁽³⁾	\$1,005	\$1,630
500 - 2499	350 ⁽³⁾	\$1,075	\$1,800
2500 +	400 ⁽³⁾	\$1,115	\$1,995

Online Survey
(Email-based) **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. Best Companies Group offers the option to survey more employees than the random sample calculated in the above chart, and/or include additional employees in the survey process who work in locations outside of the program area. Please contact Best Companies Group for details and pricing.

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 form 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 (No home addresses): _____

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 (No home or cell phones please): _____

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 (No home or cell phones please): _____

Email Address: _____

Additional Company Information:

Total number of employees in New York (excluding temporary/seasonal and per diem employees).

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

Total number of employees in the United States (excluding temporary/seasonal and per diem employees).

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

- Online Employee Survey (Email-based) Paper Employee 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 by submitting this form, our company is entered into the "Best Companies to Work for in New York" 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 a representative of Best Companies Group at 1-877-455-2159 immediately. Companies withdrawing after October 4, 2019 will incur a \$250 withdrawal fee in addition to the total fees incurred for any special requests (customization orders, language translations, paper survey processing, etc.) and the registration fee.

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 717-412-7307**

Additional Survey Options

Does your company need surveys in another language? *

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

If Other: _____

* Best Companies Group has the ability to survey employees in additional languages. For a fee we can provide the employee survey in another language. If your company needs surveys in a language other than English, please check the box above and you will be contacted with additional information.

Is your company interested in customizing the job role and department category demographics for a fee, on the employee survey?

Did this organization participate last year?

- Yes No

If yes, name of the company if it is different than listed on this form:

How did you hear about the program?

- NYS SHRM - Editorial
- NYS SHRM - Print ad
- NYS SHRM - Online ad
- NYS SHRM - Email
- NYS SHRM - Phone call
- NYS SHRM - Newsletter
- NY State SHRM Annual Conference
- Local SHRM Chapter - Editorial
- Local SHRM Chapter - Print ad
- Local SHRM Chapter - Online ad
- Local SHRM Chapter - Email
- Local SHRM Chapter - Phone call
- Local SHRM Chapter - Newsletter
- Local SHRM Chapter - Meeting
- Local Business Council/Chamber of Commerce
- Best Companies Group - Email
- BestCompaniesGroup.com - Website
- Best Companies Group - Letter
- Best Companies Group - Phone call
- Internet Search/Google
- Other - Please describe

IMPORTANT: If any of the contact information changes at any point in the process, please notify Christopher Miller at CMiller@BestCompaniesGroup.com immediately.

Best Companies Group▶▶▶

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