To: **Clinic Director** Practice Manager

From:

Marketing Coordinator _____ (Make extra copies. Update each month)

What:	Who:	When:					
Monthly	Person Responsibl e	Month:		Month:		Month:	
Promotional		NP Goals:		NP Goals:		NP Goals:	
Actions		 ROPs		ROPs		ROPs	
Monthly Marketing Meeting Quarterly Marketing Meeting	Marketing Coordinator	Date: Time: Date: Time:		Date: Time: Date: Time:		Date: Time: Date: Time:	
Routine internal		Checklist Completed		Checklist Completed		Checklist Completed	
INTERNAL			Results - NPs		Results -NPs		Results - NPs
Reactivation Program							
EXTERNAL		Checklist Completed		Checklist Completed		Checklist Completed 🗌	
Community Education Program			Results - NPs		Results -NPs		Results -NPs
¥							
Routine external		Checklist Completed		Checklist Completed		Checklist Completed	
Notes on Future Plans:							
	Newsletter dates: Month Month_			Month		Month	