

Online Vendors Forum

APPLICATION

The only online source for gastroenterology and endoscopy products and services focused specifically to gastroenterology/endoscopy nurses and associates.

Provided by the Society of Gastroenterology Nurses and Associates, Inc.
401 N. Michigan Avenue
Chicago, IL 60611
Fax: 312/673-6986

Staff Contact: Jennifer Shupe (jshupe@smithbucklin.com) or
Hillary Sawchuk (hsawchuk@smithbucklin.com)

Rates:

- I. Rates are based on the calendar year (January 1- December 31)
- II. Rate Breakdown:
 - A. Set-up: \$300.00
Includes 50-word company description, link(s) to company Web site, listing of five products/services (including link(s) for each product/service) and company logo.
 - B. Each additional product/service (including link): \$50.00

Requirements:

- I. 50-word company description, one company link to Web site, listing of five products/services, including one link for each product/service and company logo. SGNA is not responsible for 'bad' link or logo- it is the responsibility of the vendor to check link and logo before submitting.
- II. Categories (when a user selects these categories, your listing will appear in their search):
 - Consulting
 - Design/Construction
 - Education/Publications
 - Equipment/Accessories
 - Healthcare Organizations
 - Medical Repair
 - Medical Supplies
 - Pharmaceuticals
 - Software
 - Sterilants/Cleaners
- III. Payment must be received by January 31 for the current year in order for information to stay 'live.'

Online Vendors Forum

Contact Information (please type or print)

Company: _____

Contact Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Please register my company for:

Set Up at \$300.00 (Including five products/services links)

Subtotal A = \$300.00

Additional listing and link at \$50.00 per listing/link
_____ - Number of additional listings/links

Subtotal B (number of additions X \$50.00) = _____

Total (A +B) = _____

Please attach:

- 50-word company description
- Company link
- Listing of products/services (including link(s) to product/services)
- Company logo (must be sent via email as a .jpeg)
- Categories (please select from list on left side of Application)

Method of Payment:

Check enclosed

Charge to credit card

Visa

Mastercard

AMEX

Name as it appears on card: _____

Credit Card #: _____

Expiration Date: _____

Signature: _____

Please mail your completed application / payment to Anne Wilson at:

SGNA Publications

**8294 Solutions Center - Chicago, IL 60677-8002
Or fax to 312/673-6986 w/ credit card information**