

# Online Vendor's Forum

## APPLICATION

The only on-line 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  
312/321-5165, 800/245-SGNA (7462) / Fax: 312/673-6694  
Staff Contact: Christina Kowalski ([ckowalski@smithbucklin.com](mailto:ckowalski@smithbucklin.com))

### Rates:

- I. Rates are based on the calendar year (January 1- December 31)
- II. Rate Breakdown:
  - A. Set-up - \$250  
Includes 50-word company description, link to web site, listing of five products/services and company logo.
  - B. Each additional product/service and/or link- \$50

### Requirements

- I. 50-word company description product/service listings, links and company logo must be provided by vendor. 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'.

## On-line Vendor's Forum

Contact Information (please type or print)

Company & Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Please register my company for:

Set Up at \$250

**Subtotal A = \$250**

Additional listing and link at \$50 per listing/link  
\_\_\_\_\_ - Number of additional listings/links

**Subtotal B (number of additions X \$50) = \_\_\_\_\_**

**Total (A +B) = \_\_\_\_\_**

Please attach:

- 50-word company description
- Link(s)
- Listing of products/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 and payment to:  
SGNA Headquarters, Attn: Christina Kowalski, 401 N. Michigan Avenue,  
Chicago, IL 60611  
Or fax to 312/673-6694 w/ credit card information Attn: Christina Kowalski.**