

Standard E-Blast to Sonography Canada Members Application

| CONTACT INFORMATION | | | | |
|---------------------|------------|--------------|--|--|
| Name: | Phone: | | | |
| Company Name: | Extension: | | | |
| Mailing Address: | | | | |
| City: | Province: | Postal Code: | | |
| Email: | | | | |
| | | | | |
| SUBMISSION DETAILS | | | | |
| E-blast | | | | |
| Subject Title: | | | | |

*As the national organization acting on behalf of sonographers across the Country, Sonography Canada strongly believes that it is in the best interests of the profession and of the Canadian health care system that the nomenclature used to describe our profession and its practitioners is applied uniformly in all instances in order that all stakeholders, from potential students to educators, practitioners, regulators, and others across the health care system have a common knowledge and understanding of what is meant when someone refers to the profession. In this regard we encourage the use of "Diagnostic Medical Sonography" or "Sonography" to describe the profession and "Diagnostic Medical Sonographer" or "Sonographer" to describe the practitioner.

ADDITIONAL INFORMATION

- Content of job ads on our website must give precedence to Sonography Canada credentials
- Please note that we do not advertise exam-prep or entry-to-practice courses

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| PRICE INFOR | MATION | | |
|--|--|--------------------------|--|
| E-Blast | t \$500 + applicable taxes | | |
| Taxes are applicable to ALL above charges with the exception of outside of Canada (no tax): | | | |
| BC - 7% PST+ 5% GST MB - 7% PST + 5% GST ON - 13% HST | | | |
| AB, SK, QC, N | T, YT - 5% GST NB, NS, NL, PE - 15% HST | | |
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| PAYMENT INFORMATION | | | |
| | | | |
| Cheque (Payable to Sonography Canada; post-dated cheques will NOT be accepted) | | | |
| Money Order | | | |
| Wildliey Graci | | | |
| │ | to word NICA | Amount: | |
| ☐ MasterCard ☐ VISA | | | |
| Credit Card | Number: | Expiry Date: CVV | |
| _ | | | |
| | | Month Year | |
| Name as it Ap | pears on Credit Card: | Signature of Cardholder: | |
| · | | | |
| | | | |
| | | | |
| APPLICATION CHECK LIST √ | | | |
| | | | |
| Completed Contact Information | | | |
| | Payment | | |
| | Word document of advertisement (attached to email) | | |
| word document or advertisement (attached to email) | | | |
| E-Mail application to address provided below | | | |
| Please send to: bbresee@sonographycanada.ca | | | |