

Standard Job Board Posting Application

CONTACT INFORMATION		
Name:	Phone:	
Company Name:	Extension:	
Mailing Address:		
City:	Province:	Postal Code:
Email:		

SUBMISSION DETAILS
Job Posting
Indicate the job position(s) being advertised: <i>*(please ensure that you are using the correct professional title)</i>

*\*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

Toll Free Phone: 1-888-273-6746 / Toll Free Fax: 1-888-743-2952 | [www.sonographycanada.ca](http://www.sonographycanada.ca)

Follow us on  [Sonography Canada - Échographie Canada](#)

# Standard Job Board Posting Application

PRICE INFORMATION		
<input type="checkbox"/> Website Posting	\$400 + applicable taxes	
<b>Taxes are applicable to ALL above charges with the exception of outside of Canada (no tax) :</b>		
BC - 7% PST+ 5% GST	MB - 8% PST + 5% GST	ON - 13% HST
AB, SK, QC, NT, YT - 5% GST	NB, NS, NL, PE - 15% HST	

PAYMENT INFORMATION	
<input type="checkbox"/> Cheque (Payable to Sonography Canada; post-dated cheques will NOT be accepted)	
<input type="checkbox"/> Money Order	
<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA	Amount:
Credit Card Number: -   -   - _____	Expiry Date:                      CVV ____ / ____                      _____ Month                      Year
Name as it Appears on Credit Card:	Signature of Cardholder:

APPLICATION CHECK LIST v
<input type="checkbox"/> Completed Contact Information
<input type="checkbox"/> Payment
<input type="checkbox"/> Word document of advertisement (attached to email)
<input type="checkbox"/> E-Mail application to address provided below <b>Please send to: <a href="mailto:info@sonographycanada.ca">info@sonographycanada.ca</a></b>

Toll Free Phone: 1-888-273-6746 / Toll Free Fax: 1-888-743-2952 | [www.sonographycanada.ca](http://www.sonographycanada.ca)

Follow us on  [Sonography Canada - Échographie Canada](#)