

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: <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)

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# Standard Job Board Posting Application

PRICE INFORMATION	
<input type="checkbox"/> E-Blast	\$500 + applicable taxes
ON 13% HST is applicable to ALL above charges	
HST# 898707286RT0001	

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 Please send to: <a href="mailto:info@sonographycanada.ca">info@sonographycanada.ca</a>

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