



BUYER'S GUIDE.....\$3000/YEAR (prorated monthly)

Industry Professionals – are you:

- Challenged by creating brand awareness, credibility and trust?
- Looking to drive traffic to your website and convert leads?
- Trying to gain access to key urology leaders?
- Bound by sales goals?

Why LUGPA?

- LUGPA is the trade association leader of urologic care in the United States.
- All LUGPA programs are designed to create new channels of access for industry professionals as a trusted partner in the urology space.
- Access our thought-leaders and key decision makers to impact market penetration and increase sales of services, pharmaceuticals, devices and other urology-related products.
- Meet your top prospects where they are – *online*.

LUGPA Buyer's Guide

- Efficient, affordable medium to reach your target audience
- Gain visibility in front of decision makers in major urology practices
- Become a trusted partner in the urology community 24/7/365
- LUGPA actively promotes our Buyer's Guide in our weekly and monthly e-communications, expanding the audience reach on your behalf

Sign up today and get in front of your ideal customers tomorrow.

PLEASE INCLUDE THE FOLLOWING ITEMS UPON SIGNING UP FOR THE BUYER'S GUIDE

- Complete the information (see below) you would like to have appear in the Buyer's Guide
- Include payment information (see below). **NOTE:** Advertising in the Buyer's Guide is January – December and costs \$3000 (\$250/month). The amount you will be charged will be prorated based on the month you sign up.
- Please include your company logo (as an attachment) upon submittal. Logo should be high-resolution: 300 dpi, 400 pixels wide (or larger). Accepted formats include jpg, png, eps or tif.
- Please select one category (see listing on Page 2) that aligns with your company.

INFORMATION TO APPEAR IN THE BUYER'S GUIDE

Company Name: _____

Company Website: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

DESCRIBE YOUR COMPANY (50 WORDS OR LESS)

INDIVIDUAL RESPONSIBLE FOR THE AD

Name, Phone, Email: _____

PAYMENT

- Visa MasterCard American Express

Credit Card #: _____

Expiration Date: _____ CVV#: _____

Name on Credit Card: _____

Billing Address: _____

Signature of Card Holder: _____

Please send your completed form and logo to Rachel Rusch,
rrusch@lugpa.org

Questions? Call Rachel at 312.794.7788 or email rrusch@lugpa.org

Categories: Pick One

- Administrative, Management Outsourcing
- Ancillary Services
- Answering Services
- Appointment, Patient Reminder Systems
- Architecture, Design Build Services
- Associations
- Banking, Financing
- Billing Software
- Charts, Files, Records Management, Supplies
- Clearinghouse
- Clinical Information Software, Systems
- Coding Products, Services, Education, Software
- Collection Services
- Consulting Services
- Continuing Education Credit, Accreditation Programs, Credentialing
- Credit Card Processing
- Diagnostic Equipment
- Document Imaging, Management
- EDI
- EHR
- e-Prescribing
- Financial Management Services
- Financial Management Software
- Group Purchasing
- HIPAA
- Insurance
- Laboratory Products, Services, Software
- Legal Services
- Marketing Services
- Medical Devices, Supplies, Equipment
- Medical Waste, OSHA Compliance
- Office Supplies, Equipment
- Outsourced Billing Services
- Outsourced Coding Services
- Outsourced IT
- Outsourced Services
- Patient Education Supplies, Services
- Patient Estimation Tools, Software
- Patient Flow Systems
- Patient Portal, Check-in
- Patient Satisfaction
- Payer Contracting
- Payment Processing
- Pharmaceuticals
- Practice Management Firms
- Practice Management Systems
- Recruitment
- Revenue Cycle Management Software
- Scheduling Software, Services
- Staff Training
- Telemedicine
- Transcription, Scribe
- Vaccine
- Other (please specify)