

ahra **american healthcare radiology administrators**
Consultant Directory Advertising Rates

Option 1 \$500/year or \$50/month

Includes web listing with following:

- ◆ Name, address, telephone & fax numbers
- ◆ E-mail and web site address (not linked)
- ◆ Consultant's specialties/areas of expertise

Option 2 \$1,000/year or \$100/month

Includes web listing with following:

- ◆ Name, address, telephone & fax numbers
- ◆ Direct link to e-mail and web site address
- ◆ Consultant's specialties/areas of expertise

Option 3 \$1,500/year or \$150/month

Includes web listing with following:

- ◆ Name, address, telephone & fax numbers
- ◆ Direct link to e-mail and web site address
- ◆ Consultant's specialties/areas of expertise
- ◆ 200 word narrative description

To Take Advantage of this Great Opportunity:

Simply fill out this form and fax or mail it to AHRA, or log onto
www.ahraonline.org and submit your request online.

1. Please choose your preferred advertising package:

Option # (1, 2, or 3) _____ Payment frequency: Yearly_____ or Monthly_____

2. Please PRINT the following information:

1 Consultant Name or Company _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip _____
 Telephone number(s) _____ Fax _____
 E-mail _____ Web site _____

3. Please check off areas of expertise (check as many as apply):

- | | | | |
|-----------------------------------------------------|-----------------------------------------------------|----------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Architectural services | <input type="checkbox"/> DICOM compliant systems | <input type="checkbox"/> Magnetic resonance | <input type="checkbox"/> Recruiting |
| <input type="checkbox"/> Business systems | <input type="checkbox"/> Digitized voice systems | <input type="checkbox"/> Marketing services | <input type="checkbox"/> Staffing and training |
| <input type="checkbox"/> Coding & Compliance | <input type="checkbox"/> Electronics & info systems | <input type="checkbox"/> Nuclear medicine | <input type="checkbox"/> Strategic planning |
| <input type="checkbox"/> Computed Tomography | <input type="checkbox"/> Equipment planning | <input type="checkbox"/> PACS | <input type="checkbox"/> Teleradiology |
| <input type="checkbox"/> Computer interface systems | <input type="checkbox"/> Film & image management | <input type="checkbox"/> Patient scheduling | <input type="checkbox"/> Therapeutic radiology |
| <input type="checkbox"/> Contrast agents | <input type="checkbox"/> Financial feasibility | <input type="checkbox"/> Practice management | <input type="checkbox"/> Ultrasound |
| <input type="checkbox"/> Departmental assessments | <input type="checkbox"/> HIPAA | <input type="checkbox"/> Quality assurance/control | |
| <input type="checkbox"/> Departmental management | <input type="checkbox"/> JCAHO readiness | <input type="checkbox"/> Radiography | |
| <input type="checkbox"/> Diagnostic center issues | <input type="checkbox"/> Lithotripsy | <input type="checkbox"/> Special procedures | |

4. Please provide payment information:

Check or money order enclosed Invoice me Credit card # _____
 Exp Date _____
 Signature _____