



CLASSIFIED ADVERTISING ORDER FORM

AUANews is the official newsmagazine of the AUA, written for urologists by urologists, is provided to members as a benefit to over 11,000 members each month. Content is current, highly relevant, cutting-edge news of practical value to urologists while also serving as a vehicle for prompt communication between the AUA and its members.

MECHANICAL SPECIFICATIONS

Size	Dimensions
Full page	10 x 12"
1/2 page (vertical)	4-3/4 x 12"
1/2 page (horizontal)	10 x 5-7/8"
1/4 page	4-3/4 x 5-7/8"
1/8 page	4-3/4 x 2-3/4"

ELECTRONIC AD SUBMISSION

Ads must be submitted as a high-resolution PDF with advertiser name and issue date in the filename.

Send a high-resolution PDF via email to Rhonda Truitt at rhonda.truitt@wt-group.com.

Sales contact

Advertising sales office
The Walchli Tauber Group, Inc.
2225 Old Emmorton Road, Suite 201
Bel Air, MD 21015
Tel (443) 512-8899
Fax (443) 512-8909
www.wt-group.com

Rhonda Truitt
Sales Manager, AAP Classified
Extension 106
rhonda.truitt@wt-group.com



AUA NEWS May 2019 19

St. Rita's Professional Services, LLC
has 3 openings for a Urologist in Lima, Ohio

Responsibilities: Diagnose or treat diseases or disorders of genitourinary organs & tracts; Participate in community service and attend meetings for departments of the serviced hospitals & urology practice; Examine & treat patients at practice locations & travel to local & regional hospitals & urology practices to examine & treat patients; Supervise medical activities in the applicable hospital & outpatient units to optimize patient care & care efficiency; Resolve Medical Staff problems and conflict; Provide staff, physician, resident & intern education; Make daily rounds on patients in the unit; Contact physicians regarding their practice patterns & ideas for improvement. Travel of 10% required to local & regional hospitals & clinic locations within a reasonable commuting distance.

Must have: MD Degree or DO (foreign equiv. accepted); Unrestricted Ohio Medical License; appropriate credentials to qualify for privileges at St. Rita's Medical Center unrestricted DEA registration; & be a graduate of accredited Urology or Urologic related Fellowship Program. Email resumes: cjones@mercy.com (No Calls).

PRINT ADVERTISING

THE effective WAY TO:
GROW YOUR WORKFORCE
INVEST IN YOUR FUTURE WITH FELLOWSHIPS
FURTHER YOUR EDUCATION WITH CME COURSES
PROMOTE AN UPCOMING CONFERENCE

To inquire about advertising opportunities contact:
Rhonda Truitt
Rhonda.Truitt@wt-group.com
(443) 512-8899 x106

YOUR AD HERE

AUA NEWS

FROM THE AUA Judicial and Ethics Committee
The Expert Medical Witness: Good Help Wanted!

Classified Advertising Information

Display Advertising Rates

Ad Size	Color	Black & White
Full Page	\$2,000	\$1,500
1/2 Page	\$1,000	\$750
1/4 Page	\$500	\$375

Low Advertising Rates

Classified Advertising Rates

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Contact Information

*Required

Contact name: _____ Company name: _____

*Email: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Billing Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Issue Dates

Check all that apply.

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Rates

Line ad rates

1-50 words* \$260 net

____ additional words \$____ net

\$____ net total

*Each additional word over 50 is \$5 per word.

A word is defined as one or more letters bound by spaces. Slashes maybe be used to combine two words as one, however, if more than one slash is used in a single instance, every two words will be counted as one word each.

Line ad upgrades

Blind ad \$40 net

Display rates

Ad size	1x	3x
<input type="checkbox"/> Full page	\$2,225 net	\$2,205 net
<input type="checkbox"/> 1/2 page	\$1,850 net	\$1,770 net
<input type="checkbox"/> 1/4 page	\$1,005 net	\$965 net
<input type="checkbox"/> 1/8 page	\$720 net	\$710 net

Payment information

All ads must be prepaid. To protect your credit card information, please return completed form by secure email or as an encrypted attachment.

Check made payable to the American Urological Association.

Credit card payment

Number: _____ Expiration date: _____

Name: _____

Signature: _____ Date: _____ Total cost: \$ _____