American Urological Association, Inc.®

AUA Group Discount Partner Inquiry Form

VENDOR INFORMATION:

List the formal name of your product or service:

List the contact information for your organization's representative:

PRODUCT/SERVICE INFORMATION:

Describe your product or service and how this product/service would benefit AUA members.

Explain how members will order/use your product or service. Include usage of any special ID numbers, a toll free phone number, online ordering information, etc.

Explain the marketing resources and strategies that you would be willing to support this program with to ensure successful awareness and usage by the AUA members.

Describe the target audience for your product/service. Please explain how this target might fit within the AUA's member base.

What incentive would you offer our organization?

Please note that the AUA will confirm receipt of your Group Discount Program inquiry form. New program requests are reviewed twice a year by a task force, at which time additional information may be requested.

Fax: 410-689-3939
Email: cwilliams@AUAnet.org

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Describe the regular price of your product/service and then describe the discount offered to AUA members.

Explain how your program sets itself apart from your competition.

List other associations that you currently work with.

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