



Classified Ad Request Form

If you would like to place a classified ad on our website www.ocanow.com, please fill out this form and **attach your typed or printed ad** (see pg 2) as you would like it to appear on the site.

You may e-mail your ad to info@ocanow.com or Fax: (503) 256-1602,
Attention: Leanne Burke

You will receive a confirmation call or email when the ad has been approved and ready to post.

**** OCA is not responsible for spelling or poor grammar****

Member: ** FREE for the First 25 Words ** \$ 1.00 for each additional word ***Up to 20 Photos Max per ad (Prices: 1-5 = \$10 / 6-10 = \$20 / 11-20 = \$30)	Non- Member: ** \$ 25.00 (<i>minimum</i>) for the first 25 words ** \$ 1.00 for each additional word
--	---

****Word count includes title, body, and all contact info included in ad****

**** The advertisement will run for 3 months (approx 12 Weeks) or sooner upon your request****

***** Classifieds are usually posted within 2-3 business days *****

Please completely fill out or it will delay processing:

Company Name: _____

Contact Name: _____ Phone #: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Are you a Member of the OCA: ___ Yes ___ No

Would you like information on becoming a Member or Affiliate: ___ Yes ___ No

Payment Method:

Check/ MO # _____ Visa _____ MC _____ Amex _____

Card #: _____ - _____ - _____ - _____ Ex: _____ V code: _____

Name on card: _____ Billing Zip: _____

Signature: _____ Date: _____

Continue to page 2 to complete request

10570 SE Washington Street, Suite 210 Portland, OR 97216

Phone: (503) 256-1601

Fax: (503) 256-1602

Web site: www.oregonchiroassoc.com Email: info@ocanow.com



Classified Ad Form (page 2):

Classified Type (*must mark one*): (*All info on this page is included in ad & word count*)

Employment Opportunity Equipment for Sale Miscellaneous Practices for Sale

Classified Title: _____

Classified Contact Name: _____

Classified Contact Phone: _____

Classified Contact Email (optional) _____

Classified Description: (*Please attach separate sheet of paper if more space is needed*)

For Office Use Only:

Total Words In Ad: _____ Total Cost for Ad: \$ _____

Date Ad Placed: _____ Date Ad Pulled: _____

Pull Ad Date: _____

Confirmation Call/Email: Yes No Date: _____

10570 SE Washington Street, Suite 210 Portland, OR 97216
Phone: (503) 256-1601 Fax: (503) 256-1602
Web site: www.oregonchiroassoc.com Email: info@ocanow.com