



## Classified Ad Request Form

If you would like to place a classified ad on our website [www.ocanow.com](http://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](mailto:info@ocanow.com) or Fax: (503) 256-1602,  
Attention: Leanne Burke

**You will receive a confirmation call when the ad has been approved**

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

**Member:**

**\*\* FREE** for the First 25 Words

**\*\* \$ 1.00** for each additional word

**Non- Member:**

**\*\* \$ 25.00** for the first 25 words

**\*\* \$ 1.00** for each additional word

(Please count title and contact info with description)

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

**\*\*\* Classifieds are posted within 1-2 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](http://www.oregonchiroassoc.com) Email: [info@ocanow.com](mailto:info@ocanow.com)



**Classified Ad Form (page 2):**

**Classified Type** (*must mark one*):

Employment Opportunity    Equipment for Sale    Miscellaneous    Practices for Sale

Classified Title: \_\_\_\_\_

Classified Contact Name: \_\_\_\_\_

Classified Contact Phone: \_\_\_\_\_

Classified Contact Email (optional) \_\_\_\_\_

Classified Description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(or attach document)

**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: \_\_\_\_\_

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