

PCA Classified Ad Form

Please **PRINT** or **TYPE** your ad copy on a separate sheet of paper or on the bottom of this ad form and mail or fax to the PCA office.

Name _____ Member # _____
Address _____
City/State/Zip _____
Phone _____

Circle One: VISA MASTERCARD AMEX DISCOVER

Card # _____ Exp. Date ____/____

Authorized Signature _____ V-Code _____

Check # _____ enclosed (Make payable to PCA)

Mail to: PA Chiropractic Association Fax to: 717.232.8368
 Attn: Dianna McClintock Phone: 717.232.5762, ext. 103
 1335 North Front Street
 Harrisburg, PA 17102

Email: dmccclintock@pachiropracticassn.org

MEMBER RATES: 25 words or less - **\$30**; 26-50 words - **\$35**; 51-75 words - **\$40**
NON-MEMBER RATES: 25 words or less - **\$40**; 26-50 words - **\$45**; - 51-75 words - **\$50**

Rates quoted above are **PER MONTH**.

All classified ads are currently being posted on PCA’s website ONLY.

____ Please run the classified ad on PCA’s website www.pennchiro.org for ____ month(s). (Updated on or about the 15th of each month)

Note: Ads must be accompanied by payment or they will not be processed.

AD COPY (PRINT LEGIBLY):

If ad is confidential and for “your eyes only”, please indicate where to call if there are questions concerning your ad. If no number is provided, calls will be made to the phone number provided above with the general information. Thank you!