CLASSIFIED AD FORM

AD RATES (updated Sept. 1, 2015)
MSO Member - $40/month
Nonmembers - $150/month

Maximum ad length - 100 words. For longer adds, call us at 508-875-7900 or email info@maoptometry.org

AD INFORMATION

CONTACT INFO TO APPEAR IN AD
Name (optional): ___________________________________
Phone (optional): ___________________________________
Email (optional): ____________________________________

DURATION OF AD
Please run the ad for: ___________ months

WORDING OF AD (max 100 words):
Please write legibly how you would like your classified to appear. We suggest that you include geographic location or city/town, full-time or part-time, specific days or hours, your contact information – phone, email, etc. You can also attach your pre-written ad to this document.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

PAYMENT INFO
Name on Card: _____________________________________________
Card Number: ___________________________ Exp: ___________ CVV Number: __________
Signature: ___________________________________ Billing Zip ________________

SEND FORMS TO
Fax: 508-875-0010 or
Email: info@maoptometry.org