



# Classified Advertising Order Form

## Wisconsin Chiropractic Association

521 East Washington Avenue • Madison, WI 53703

phone: 608.256.7023 • fax: 608.256.7123

WCA Classifieds is the premier marketplace for the chiropractic profession in Wisconsin. Standard classified advertisement orders appear in one (1) issue of *The Wisconsin Chiropractor* and online at [www.wichiro.org](http://www.wichiro.org) for two (2) months. *The Wisconsin Chiropractor* is WCA's bimonthly print magazine, mailed to more than 1200 WCA members.

### Classified Ad Rates

Select classified ad type and rate.

### Issue(s) Requested

Select preferred magazine issue(s).

Ad Type	WCA Member	Non-Member
Position Wanted	<input type="checkbox"/> \$60	<input type="checkbox"/> \$120
Equipment for Sale	<input type="checkbox"/> \$60	<input type="checkbox"/> \$120
Relief Coverage	<input type="checkbox"/> \$75	<input type="checkbox"/> \$150
Office Space	<input type="checkbox"/> \$100	<input type="checkbox"/> \$200
Business Opportunity	<input type="checkbox"/> \$100	<input type="checkbox"/> \$200
Practice for Sale	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500

- February - Pre-Convention
- April - Post-Convention
- June - Summer
- August - Pre-Convention
- October - Post-Convention
- December - Winter

- There is a 100 word limit for all classified advertisements.
- Classified ads may be edited down to accommodate spacing.
- All classified ads are subject to review and approval.
- Preferred format for ad copy is digital text in a Word document.
- Upon receipt classified postings typically appear within seven (7) business days and remain active for sixty (60) days. Ads also appear in one (1) issue of *The Wisconsin Chiropractor*, unless otherwise specified on the contract.
- Questions? Contact Brenda at WCA at 608-256-7023 or [btoler@wichiro.org](mailto:btoler@wichiro.org)

Cost per Ad \$ \_\_\_\_\_  
 X No. of Issues \_\_\_\_\_  
 = Total Payment \$ \_\_\_\_\_

### Contact Info

DC / Company Name \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/ST/Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_  
 Select One:  Member  Non-Member

### Payment

Charge Amount \$ \_\_\_\_\_  Visa  Mastercard  Check Payable to WCA  
 Credit Card # \_\_\_\_\_ Expiration \_\_\_\_\_  
 Name on Card \_\_\_\_\_ Sec. Code \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

### Return To

**MAIL TO:** Wisconsin Chiropractic Association  
 521 East Washington Avenue, Madison, Wisconsin 53703  
**FAX TO:** 608.256.7123



OFFICE USE ONLY

Date Rec'd \_\_\_\_\_ TWC Issue(s) \_\_\_\_\_  
 Total Paid \_\_\_\_\_ Online Start \_\_\_\_\_  
 Member?  YES  NO Online End \_\_\_\_\_