



## ANC NEWSLETTER CLASSIFIED ADVERTISING

Using the spaces provided for letters, punctuation and spaces (one per block), please write your advertisement as you would like for it to appear in the newsletter.

Cost \$17.00 for initial 3 lines. Add \$5.00 for each additional line.

Please specify type of advertisement:

Example: PRACTICE FOR SALE  
ASSOCIATE POSITION AVAILABLE or NEEDED  
PERSONNEL POSITION AVAILABLE  
INTERN POSITION AVAILABLE OR NEEDED  
EQUIPMENT FOR SALE

|        |  |
|--------|--|
| Line 1 |  |
| Line 2 |  |
| Line 3 |  |
| Line 4 |  |
| Line 5 |  |
| Line 6 |  |

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone)                      (Email)

\_\_\_\_\_  
(Date)

**Mail form with check or money order to:**

Association for Network Care  
444 North Main Street  
Longmont, CO 80501

Or fax or email with credit card information (Visa or MasterCard only) to:  
 Fax: (303) 678-8089  
 Email: [Rita@associationfornetworkcare.com](mailto:Rita@associationfornetworkcare.com)  
 Phone: (303) 678-8101

|   |         |          |
|---|---------|----------|
| Initial 3 lines                         | \$17.00 | \$ 17.00 |
| Each additional line at \$5.00 per line |         |          |
| # Lines _____ x \$5.00                  | \$      | .        |
| <b>Total</b>                            | \$      | .        |

Visa \_\_\_\_\_ MasterCard \_\_\_\_\_

Credit Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_

Name as it appears on card \_\_\_\_\_

*Thank you for supporting the Association for Network Care.*