



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
 Phone: (303) 678-8101

Initial 3 lines	\$17.00	\$ 17.00
Each additional line at \$5.00 per line		
# Lines _____ x \$5.00		\$.
Total		\$.

Visa _____ MasterCard _____

Credit Card Number _____ - _____ - _____ - _____

Expiration Date ____ / ____

Name as it appears on card _____

Thank you for supporting the Association for Network Care.