

## Classified Ad Form

51-100 Words

\$180 - 3 months

Email to: admin@okvma.org

201-225 Words

\$375 - 3 months

## Please email your ad and complete ad form to admin@okvma.org

101-200 Words

\$285 - 3 months

## 1. Select Classified Ad

**Member Pricing** 

50 Words or Less

\$90 - 3 months

Prices are based on word count and length of time selected. Ad will appear in the Communique once per 3 month increment selected.

\$30 - 3 IIIOIIL	115	\$100 3 HIOHHIS	\$ <b>20</b> 3 3 111011(113	\$575 5 IIIOIIIII	
\$225 - 6 mon	nths	\$405 - 6 months	\$615 - 6 months	\$795 - 6 months	
\$360 - 9 mon	nths	\$630 - 9 months	\$945 - 9 months	\$1,215 - 9 months	
\$495 - 12 mo	onths	\$855 - 12 months	\$1,275 - 12 months	\$1,635 - 12 months	
Non Member I	Pricing				
50 Words or Less		51-100 Words	101-200 Words	201-225 <b>Words</b>	
\$135 - 3 months		\$225 - 3 months	\$330 - 3 months	\$420 - 3 months	
\$270 - 6 months		\$450 - 6 months	\$660 - 6 months	\$840 - 6 months	
\$405 - 9 months		\$675 - 9 months	\$990 - 9 months	\$1,260 - 9 months	
\$540 - 12 months		\$900 - 12 months	\$1,320 - 12 months	\$1,680 - 12 months	
2. Select Cla	assified Ad	d Type			
DVM Wanted		Other			
Central	Southwest	RVT Wanted			
Northeast	Out of State	Practice Manager Want	ted		
Northwest		Equipment for Sale			
Southeast		Practice for Sale			
		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		
Contact Informa		5 SI : A I			
		_			
Veterinarian/Tec	hnician Name	(required):			
Clinic Name:					
mail ( <b>required</b> ):			Phone:		
Mailing Address:	·				
City:		State: _	Zip:		
		•••••	• • • • • • • • • • • • • • • • • • • •		
Payment Inforn					
Total Amount: \$_		Visa	Mastercard	American Express	
Card Number:			Exp:	CVW:	
Billing Address: _					
City:		State: _	Zip:_		
Name on Card:			Signature:		
		IN OFFICE U	JSE ONLY:		
D	ate Received:	Date Published:	Proc	essed by:	