



Classified Advertising Order Form

Wisconsin Chiropractic Association
 2401 American Lane | Madison, WI 53704
 phone: 608.256.7023 • fax: 608.256.7123 • www.wichiro.org

WCA Classifieds is the premiere marketplace for the chiropractic profession in Wisconsin. Standard classified advertisement orders appear in one (1) issue of *The Wisconsin Chiropractor* and on the WCA website, www.wichiro.org, for three months.

Classified Ad Rates

Select classified ad type and rate

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

Issue(s) Requested

Select preferred magazine issue(s)

The Wisconsin Chiropractor magazine is mailed at the end of each quarter.

- March
 June
 September
 November

Classified Features:

- New! Enhance your classified by adding a [promotional video](#).
- 100 word maximum for all classified advertisements.
- 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 90 days. Ads also appear in one (1) issue of *The Wisconsin Chiropractor*, unless otherwise specified in the contract.
- Contact WCA at 608.256.7023 or classifieds@wichiro.org

Cost per Ad	\$ _____
x No. of Issues	\$ _____
= Total Payment	\$ _____

Contact Information

DC / Company Name _____
 Contact Name _____
 Address _____
 City/State/Zip _____
 Phone _____ Fax _____
 Email _____
 Select One: Member Non-Member

Payment

Charge Amount \$ _____ Visa Mastercard AmEx Discover Check Payable to WCA
 Credit Card # _____ Expiration _____
 Name on Card _____ Security Code _____
 Signature _____ Date _____

Return To

Mail to:
 Wisconsin Chiropractic Association
 2401 American Lane • Madison, WI 53704
 Fax to: 608.256.7123

Office Use Only

Date Rec'd _____	TWC Issue(s) _____
Total Paid _____	Online Start _____
<input type="checkbox"/> Member <input type="checkbox"/> Non-Member _____	Online End _____