

Classified Order Form



ISSUES FOR INSERTION

- | | | |
|-----------------------------------|---------------------------------|------------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> May | <input type="checkbox"/> September |
| <input type="checkbox"/> February | <input type="checkbox"/> June | <input type="checkbox"/> October |
| <input type="checkbox"/> March | <input type="checkbox"/> July | <input type="checkbox"/> November |
| <input type="checkbox"/> April | <input type="checkbox"/> August | <input type="checkbox"/> December |

RATE FOR INSERTION

WORDS..... \$60 for first 30 words, \$1 each additional word
BOXED CLASSIFIED AD \$100 per column inch
COLOR CHARGE \$50 extra

TOTAL:

TEXT FOR CLASSIFIED AD

Email text to swarner@cmsdocs.org or print below and fax to 312-670-3646.

TERMS

- All classified ads must be prepaid.
- Cancellation is required in writing prior to closing date.

PAYMENT

MasterCard or Visa Your credit card statement will reflect a charge from Chicago Medical Society.

COMPANY: _____

CONTACT: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

PHONE: _____

FAX: _____

E-MAIL: _____

MC OR VISA #: _____

EXPIRATION DATE: _____

SIGNATURE: _____

Your signature authorizes the monthly charge of each ad ordered for future issues. Your credit card statement will reflect a charge from Chicago Medical Society.

Check or Money Order Payable to Chicago Medical Society.

CONTACT

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