

Classified Ad Form



AD INSTRUCTIONS: Please email your ad and the completed Classified Ad Form to **classifieds@wsvma.org**.

Important Details

- **Please include any contact information to be published in text of ad.**
- If including links, please indicate in text of ad.
- Ads will be placed online within 3 business days of receipt and will remain online for two months.
- **NO REFUNDS** will be allowed after the ad has appeared online.
- **CHANGES** can be made to the ad at any time. Additional fees may apply.
- WSVMA reserves the right to edit copy and does not assume liability for ad content.
- **Charges are based upon 30 WORDS**, not including contact info.
- Purchase additional words for \$1 per word for members and \$1.50 per word for non-members.

Classified Ad: 2 Months Online

Each ad runs online for two months. Prices are based on 30 words not including contact information. Additional words cost extra.

- \$65 - WSVMA Members
- \$115 - Non-Members

Select Classified Ad Type

DVM Wanted

- King-Pierce-Sno Counties
- Other Western Counties
- Eastern WA
- Out-of-State

Other

- Practice for Sale
- Technician Wanted
- Relief Technician Available
- DVM Available
- Hospital Staff Wanted
- Miscellaneous

Relief Bank: 2 Months Online

- FREE - WSVMA Members
- \$115 - Non-Members

Select Publication Period

- Two months** from date of placement
- Recurring** (*ad will run until canceled and credit card will be charged every two months.*)

Additional Items

Classified Ad Fee is for 30 words, not including contact information. Additional words are \$1 per word for Members or \$1.50 per word for Non-Members.

Members

- \$1 x _____ additional words

Non-Members

- \$1.50 x _____ additional words

Blind Box

- \$10 - (*one-time fee*)

Contact Information

Date _____ Classified Ad Word Count _____

Person Placing Ad (*for contact purposes*) _____

Veterinarian / Technician Name (**required, for tracking purposes**) _____

Clinic Name _____

Email (**required**) _____ Phone _____ Fax _____

Mailing Address _____

City _____ State _____ Zip _____

Payment Information

Total Amount \$ _____ Visa Mastercard American Express

Card number _____ Expiration date _____

Billing Address _____

City _____ State _____ Zip _____

Name on Card _____ Signature _____