

# Washington State Veterinary Medical Association Classified Ad Form

- ◇ Written copy of ads and prepayment **must be received** in the WSVMA office by the **15th of the month**, 6 weeks *prior* to the publication date (i.e. the Jan/Feb deadline is November 15).
- ◇ **No refunds or changes** to the ads will be allowed after deadline has passed.
- ◇ WSVMA reserves the right to edit copy and does not assume liability for ad contents
- ◇ **Charges based upon 30 words**, exclusive of contact info. Purchase additional words for \$1 per word for member and \$1.50 per word for non-members.
- ◇ Ask about our **recurring billing** for ads that run every month!

**Charge For Classifieds (Please indicate)**

◆ Prices are based on each bi-monthly publication plus website, 30 words plus contact information. Additional words cost extra.

<u>INSIGHT MAGAZINE &amp; WSVMA WEBSITE</u>	
WSVMA MEMBER	<input type="checkbox"/> \$65.00
NON-MEMBER	<input type="checkbox"/> \$115.00
WSU/ORS GRADS (CURRENT YEAR)	<input type="checkbox"/> ONE FREE AD
TECHNICIANS	<input type="checkbox"/> \$65.00
BLIND BOX (ONE TIME FEE)	<input type="checkbox"/> \$10.00

**Please indicate the month(s) for publication:**

- January/February   
  March/April   
  May/June  
 July/August   
  September/October   
  November/December

**Please TYPE OR PRINT ad (Fee includes 30 words plus contact information. Additional words at \$1 per word)**

**Use separate form for each ad**

- DVM Wanted (Eastern WA /Western WA/Out of State)   
  DVM Avail   
  Practice for Sale/Lease   
  Misc.  
 Tech Wanted   
 Relief Tech Avail   
 Hospital Staff Wanted

*\*Please include any contact information to be published in the ad\**

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Date: \_\_\_\_\_

Person Placing Ad (for WSVMA use only):

\_\_\_\_\_ Phone \_\_\_\_\_ Fax: \_\_\_\_\_

Veterinarians/Technicians Name(required): \_\_\_\_\_ Clinic Name \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Payment Method:**

Check Enclosed \_\_\_\_\_ Amount \$ \_\_\_\_\_

Bank Card (✓ one) MasterCard: \_\_\_\_\_ Visa: \_\_\_\_\_ American Express: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ Card # \_\_\_\_\_

Card Holder's Billing Address \_\_\_\_\_

City & Zip \_\_\_\_\_

Amount Charged \_\_\_\_\_ Signature \_\_\_\_\_

**Due the 1st of the month one month prior to publication.  
Please mail to 8024 Bracken Pl SE, Snoqualmie, WA 98065  
fax (425) 396-3192, or email: [classifieds@wsvma.org](mailto:classifieds@wsvma.org)**