OHIO FOOT AND ANKLE MEDICAL ASSOCIATION

1960 Bethel Rd Ste 140
Columbus, OH 43220
Phone (614) 457-6269 Fax (614) 457-3375

Physician Classified Advertising Order Form

Contact Name: _____

Company: _____

Address: _____

City/State/Zip: _____

Daytime Phone: _____ Fax: _____

Email Address: _____

CHECK CATEGORY (Please Check One) ☐ Employment - Wanted ☐ Employment – Available ☐ Equipment for Sale

☐ Practice for Sale ☐ Office Space Available Other: _____

OHFAMA Website (Please Check)

Member: $25/month ☐ 1 Month ☐ 2 Months ☐ 3 Months ☐ Other: _____

Non-Member: $75/month ☐ 1 Month ☐ 2 Months ☐ 3 Months ☐ Other: _____

OHFAMA News Journal - One publication each spring

Member: $25/Issue ☐ Annual Spring Edition

Non-Member: $100/Issue ☐ Annual Spring Edition

Classified Listing Please write or type your text in the space below or attach a separate sheet:

_____

_____

_____

_____

Payment: ___ Check (included) ___ MasterCard ___ Visa ___ Discover ___ American Express

Credit Card Number: _____

Expiration Date: _____ 3 digit Security Code: _____

Name on Credit Card: _____

Billing Address for Credit Card: _____

Signature: _____