



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: \$10/month 1 Month 2 Months 3 Months Other: _____

Non-Member: \$50/month 1 Month 2 Months 3 Months Other: _____

OHFAMA News Journal (Please Check) Journals are mailed in January, April, July and October

Member: \$10/Issue Jan Apr Jul Oct

Non-Member: \$100/Issue Jan Apr Jul Oct

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: _____