

Miami Medicine

A publication of the Dade County Medical Association
Classified Advertisement Order Form

Please type or clearly print your answers on the form below. If you would like to have the ad run for multiple months, please indicate that. Return this completed form along with your check for the correct dollar amount, payable to DCMA, to:

**Dade County Medical Association
Attn: Communications
1501 NW North River Drive
2nd Floor
Miami, Florida 33125**

DCMA Member Rate: \$25 for 20 words or less, \$.50 for each additional word

Non-Member Rate: \$50 for 20 words or less, \$1.00 for each additional word

Subscription Rate: \$53.25 for 12 months

Single Issue Rate: \$5.33 for one issue

Deadlines: Your completed classified ad order form and payment must be received no later than the 10th of the month prior to the intended issue. (For example, if you want it in the September issue, your form and payment must be received by August 10th.)

Issues in which the ad will run [month(s)]: _____

Name: _____

Company: _____

Mailing Address: _____

Phone Number: _____ Fax: _____

Heading for Ad: _____

Would you like an annual subscription for \$53.25 or single issue for \$5.33? (Circle if yes)

Number of Words in Ad: _____ Cost of Ad: \$ _____ Total: \$ _____

Type or clearly print ad below:
