

WISCONSIN OPTOMETRIC ASSOCIATION (WOA) OPPORTUNITY LISTING

RATES:

RATES ARE BASED ON A ONE-YEAR ADVERTISING TERM.

Membership Package <i>(WOA members who have ownership of the advertising practice)</i>	Free
Member Associate Package <i>(Advertisers who have WOA members employed)</i>	\$250
Non-Member Package <i>(Advertisers who have no WOA members sharing ownership or employed)</i>	\$500

** Maximum 150 words; minimum one year purchase.

CONTENT:

Opportunity List advertising is limited to postings regarding employment and practice information. **Note: WOA reserves the right to edit and format content for organizational purposes and/or reader clarity, if necessary.**

PLACEMENT:

WOA Website: Listings are placed on the WOA website for the duration of the advertising term (one year).

WOA Newsletter: Listings will appear in the WOA newsletter the month materials are received, as well as in the quarterly issues (January, April, July, and October) for the duration of the advertising term (one year).

Job opportunity listings are placed chronologically by date, with the most recently processed advertising materials appearing first. **All submissions are subject to WOA formatting.**

PAYMENT:

Advertisers are required to send payment (credit card or check) with this form to the WOA office. No listing will be published without payment.

ACCEPTABILITY:

All advertising is subject to acceptance by the WOA staff and board of directors. WOA reserves the right to limit the amount and content of ads.

CHANGES/ CANCELLATIONS:

Advertisers are allowed to make changes to their listing once per month. Changes must be submitted in writing to the WOA office via email, mail, or fax. There will be no refunds if merchandise sells before the end of the advertising term.

PLEASE SEND FORM TO:

Wisconsin Optometric Association
6510 Grand Teton Plaza, Suite 312
Madison, WI 53703
Phone: 608-824-2200
Fax: 608-824-2205
www.woa-eyes.org

Email submissions to Director of Communications
David Bobka at davidwoaoffice@tds.net

OPPORTUNITY LIST FORM

Name: _____

Address: _____

City, State, Zip: _____

E-Mail: _____

Telephone: _____

Advertising Content (Attach a separate sheet or submit electronically, if necessary): _____

Desired Publish Month: _____

My Payment of \$_____ is enclosed.
Paid By (circle one): Check MasterCard Visa

Card Number: _____

Expiration Date: _____ 3 Digit V-Code: _____

Billing Address _____

Signature: _____

Please Note: Payment must accompany your ad.

**LISTING INFORMATION AND PAYMENT
MUST BE RECEIVED BY THE FIRST OF THE
MONTH TO BE INCLUDED IN THE WOA
NEWSLETTER**

For WOA Use Only

Received On: _____ Approved On: _____

Approved By: _____