

# WISCONSIN OPTOMETRIC ASSOCIATION (WOA) OPPORTUNITY LISTING

## RATES:

RATES ARE BASED ON A ONE-YEAR ADVERTISING TERM.

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

\*\* 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 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 the position is filled/practice is sold 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](http://www.woa-eyes.org)

Email submissions to Director of Communications  
Amanda Soelle at [amanda@woa-eyes.org](mailto:amanda@woa-eyes.org)

## 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.

Method of Payment: (circle one)

Check      MasterCard      Visa      Discover

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: \_\_\_\_\_