



420 South Dixie Highway, Suite 2E
Coral Gables, FL 33146
(305) 667-3647 Fax: (305) 665-7059
www.sfdda.org

ON-LINE CLASSIFIED ADVERTISEMENTS
Fax to SFDDA at (305) 665-7059

NAME _____

COMPANY NAME _____

ADDRESS _____

CITY/STATE/ZIP CODE _____

TEL _____ FAX _____

EMAIL _____

CLASSIFIED AD INFORMATION: *On line classified advertising will run for three months from the date of posting.*

DATE OF POSTING: Month ____ Day ____ Year ____

RATES: \$10.00 per line, minimum three lines (\$30) \$5.00 for SFDDA Box Number: Yes No

PAYMENT METHOD: CREDIT CARD information **MUST** accompany ad request – see below.

CATEGORY:

- OPPORTUNITIES AVAILABLE OPPORTUNITIES WANTED
- DENTAL PRACTICES FOR SALE OFFICE SPACE- SALE OR RENT MISCELLANEOUS

Policy: All requests, cancellations and materials for advertising **must be received by the 10th of the month before advertisement insertion.** When purchasing an SFDDA Box, your name and address will be kept confidential. The SFDDA will forward any response to your Box number to the address given above. Ads are subject to refusal at the publisher's discretion.

CANCELLATIONS MUST BE IN WRITING.

AD TEXT: TYPE OR PRINT CLEARLY (or attach a sheet of paper if not enough space below)

***CREDIT CARD INFORMATION MUST BE PROVIDED WITH ORDER**
CARD WILL NOT BE CHARGED UNTIL CLASSIFIED IS PUBLISHED

Visa Master Card Discover **Exp. Date** _____ **SEC** _____

Card # _____ **Billing Zip** _____

Signed: _____ **Date** _____