

Chiropractic Fellowship of Pennsylvania Classified Ad Placement Form

please print clearly

Name _____

Practice Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email Address _____

Classified Ad Fee

____ Current CFoP Member - no charge to place ad for 60 days

____ Non-Member - \$50 to place ad for 60 days

Email your ad to info@chirofellowpa.org for placement on website. Upon receipt of form and payment, your ad will be placed for 60 days.

Payment

____ Check ____ Credit Card

Credit Card Information

Credit Card Number _____ Expiration Date _____ CWV Code _____

Billing Address of Card _____

City _____ State _____ Zip _____

Name on Card _____ Signature _____

Mail or fax form with payment to:

Chiropractic Fellowship of Pennsylvania
908 North Second Street | Harrisburg, PA 17102
717-441-6042 – phone | 717-236-2046 – fax
info@chirofellowpa.org | www.chirofellowpa.org



EST. 1967
**CHIROPRACTIC
FELLOWSHIP
of Pennsylvania**

A Basis in Philosophy
A Tradition of Caring

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