



NYSCA E-Classified Payment Form

Thank you for placing an e-classified advertisement. In order to complete this process please fill out this form and fax the complete form to 518-656-3032. If the ad contains a photo, remember to email the photo to Janusz@nysca.com.

Rate Information

All rates are based on 3 (three) month periods.

(Payment must accompany the ad on the date it is submitted or the ad will be returned)

NYSCA Members	First 3 months FREE (includes photo)	\$50 for each additional 3 months (includes photo)
Non-Members	\$100 for 3 months	\$150 for 3 months with photo

Rates are based on membership status when the ad is placed. Doctors who become members during their contract period can resubmit for the lower rate after their initial ad contract period.

Contact Information

Company Name: _____
Contact Name: _____
Address: _____
City: _____ State: _____ Zipcode: _____
Phone: (_____) _____ Fax: (_____) _____
Email: _____ NYSCA Member: Yes No

Payment Information

Check Enclosed – Mail check and a copy of this form to address below.

Credit Card - Master Card Visa American Express

Name on Card: _____

Card Number: _____

Expiration Date: _____ Security Code: _____

Billing Address: _____

Signature: _____

Amount Due: \$ _____

Acceptance Policy: Advertising copy must be neither false, misleading, illegal, nor in poor taste, and must conform to state and federal guidelines where appropriate. Any advertising containing offers of or requests for employment must not contain any language which expresses, directly or indirectly, any limitation, specification, or discrimination as to race, religious creed, color, national origin, ancestry, physical handicap, medical condition, marital status, sex, or age.