

Classified Ad Placement Form

Name _____

Practice Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

County _____

What would you like in your ad? _____

Are you a current CFoP Member?

If yes, please email your ad and information to
Dr. Jeffrey Wack at jgwdc1@rcn.com

If you are not a member, there is a fee of \$50
to post your ad for 60 days. Please send your
ad information to 1901 Colonial Road,
Harrisburg, Pa 17112 and include a check
payable to 'CFoP'