



Classified Advertisement Form

To place a classified ad, fill out this form and return to the SCOPA office by fax to 803-799-1064, email to abalderson@sceyedocors.com or mail to 2730 Devine Street, Columbia, SC 29205.

Company Name: _____

Contact: _____

Address: _____

Telephone: _____ **Email:** _____

Classified Ad Policy and Rates

SCOPA Members: 5 lines free for 6 months in SCOPA Classified Section

AOA Members: \$100 5 lines for 6 months in SCOPA Classified Section

Non-SCOPA/AOA Optometrist/Corporations: \$250 for 6 months for 5 lines in SCOPA Classified Section

*Please notify SCOPA if your ad needs to be cancelled or updated before 6 months. We will automatically remove your ad after 6 months. There will be no refunds for early cancellations. Acceptance of advertising within the SCOPA does not imply approval or endorsement of any product, service, or representation by either SCOPA or AOA.

Fee Category (choose one)

- SCOPA Member
- AOA Member - # _____
- Non-SCOPA/AOA Member
- Other Non-optometrist

Ad Category (choose one)

- Equipment, Frames, Displays, etc. for Sale
- Practices for Sale
- Optometrists for Hire
- Employment Opportunities

Ad to Read (Please include on separate sheet or in body of e-mail to copy/paste. If over 5 lines we will edit to fit.)

Payment Options

Payment must be made when placing the classified ad. You may either send a check in with this form to the above address or pay below with a credit card.

- Check** (Payable to SC Optometric Physicians Association or SCOPA)
- Credit Card:** () MasterCard () Visa () Discover () AMEX

Card: _____ **Exp. Date:** _____ **CVV:** _____

Name on card: _____ **E-mail (receipt purposes):** _____

Billing Address: _____

Signature: _____