



# Broward County

## Chiropractic Society

### BCCS Classified Advertising Application Form:

#### 1. Your contact information

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

#### 2. Business information

Business name: \_\_\_\_\_

Business address: \_\_\_\_\_

Business phone: \_\_\_\_\_

Website: \_\_\_\_\_

Business description or slogan (12 words or less) advertising for?

Does your business have a logo or picture of the doctor you would like to use? (If so provide it here) or send to [Browardcountychirosociety@gmail.com](mailto:Browardcountychirosociety@gmail.com)

**Have a voice in our Profession. Together we can MAKE A DIFFERENCE! #powerinnumbers**

#### 3. Payment method

\_\_\_\_\_ **Check enclosed \$50.00 (usd) for 30 calendar days**

**Made payable to:**

**Broward County Chiropractic Society**

Please return completed form and check by mail to:

**8430 W Broward Blvd #250, Plantation, FL 33324.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return completed form to BCCS by mail to 8430 W Broward Blvd #250, Plantation, FL 33324.

Please call 954-772-9052 with questions or for more information.

[Browardcountychirosociety@gmail.com](mailto:Browardcountychirosociety@gmail.com)

**\*Pending Review and Approval By Our Governing Board**