



420 South Dixie Highway, Suite 2E  
Coral Gables, FL 33146  
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www.sfdda.org

**CLASSIFIED ADVERTISEMENTS 2024-2025**  
Email to jackie.sfdda@gmail.com

NAME \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP CODE \_\_\_\_\_

TEL \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

**CLASSIFIED AD INFORMATION:** *The newsletter is published 4 times.*

**DATE (S) OF INSERTION:**

Summer Issue  Fall Issue  Winter Issue  Spring Issue  Run until canceled

**RATES:** \$12.00 per line, minimum three lines (\$36) \$5.00 for SFDDA Box Number:  Yes  No

**PAYMENT METHOD:** CREDIT CARD information **MUST** accompany ad request – see below.

**CATEGORY:**

OPPORTUNITIES AVAILABLE  OPPORTUNITIES WANTED  
 DENTAL PRACTICES FOR SALE  OFFICE SPACE- SALE OR RENT  MISCELLANEOUS

**Policy:** All requests, cancellations and materials for advertising **must be received by the 10th of the month before advertisement insertion.** When purchasing an SFDDA Box, your name and address will be kept confidential. The SFDDA will forward any response to your Box number to the address given above. Ads are subject to refusal at the publisher's discretion.

**CANCELLATIONS MUST BE IN WRITING.**

**AD TEXT: TYPE OR PRINT CLEARLY** (or attach a sheet of paper if not enough space below)

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**\*CREDIT CARD INFORMATION MUST BE PROVIDED WITH ORDER**  
**CARD WILL NOT BE CHARGED UNTIL CLASSIFIED IS PUBLISHED**

Visa  Master Card  Discover **Exp. Date** \_\_\_\_\_ **SEC** \_\_\_\_\_

**Card #** \_\_\_\_\_ **Billing Zip** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date** \_\_\_\_\_