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ACOL Clinic Sign-Up Form

Complete and FAX to 770-434-5954 or E-Mail to Nick@ClinicPages.com. Our sales team will call you back. Today's Date Clinic Name as you want it listed _____ Contact Person(s) _____ E-Mail Address _____ City _____ State ____ Zip ____ Phone (main) _____ Cell ____ 800 # ______ Fax _____ Website Address: www. If you don't have a website, would you like for us to give you a quote? Yes or No (circle one) Select the following: ✓ Main State listing | Which state? Additional State listing at \$400/year / each | Which state(s)? Bold listing upgrade at \$300/year / each | Which state(s)? Category listing - \$75/year / each ____ Late Abortion Past 20 weeks (___ weeks) IV Sedation or General Anesthesia Pre-Natal Care ____ Medical Abortion with M&M Men's Services ____ Medical Abortion with RU486 ____ Adoption Services Female Physicians Early Surgical Abortion ____ Morning After Treatment / EC ____ Medicaid Accepted Female Tubal Sterilization Insurance Accepted Display Ad(s) __ 1" - \$1000/year on page(s): _____ __ 2" - \$2000/year on page(s): ______ 3" - \$3000/year on page(s):

Additional listing on affiliated ACOL directories - \$400/year / listing

____ Clínicas de Aborto - http://clinicasdeaborto.com/

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