



Paragon Pharmacy Services
& Professional Solutions, LLC

Advertising Information Form

Primary Contact for Business: _____

Name of Business: _____

Phone Number: _____

Email Address: _____

Mailing Address: _____

Advertising Preference (Please choose one of the following subscriptions)

Name and Contact Listing format (\$100/year): ☐

Name of Business	Business Card
Phone Number	
Email Address	
Mailing Address	

Logo and Contact Website format (\$150/year): ☐

Name of Business	Logo
Phone Number	(JPEG format only)
Email Address	
Mailing Address	

Logo, Contact and Hyperlink Website format (\$275/year): ☐

Name of Business	Logo
Phone Number	(JPEG format only)
Email Address	website Hyperlink
Mailing Address	

Email Completed Form and JPEG logo (if applicable) to: Info@paragonpps.com

Both Major Credit Cards and PayPal accepted.

