



Dear Healthcare Professional,

The Northern New Jersey members of the National Vulvodynia Association have a support group and Web site, **www.vpainsupport.com**. Our goal is to share information with our network to help identify qualified healthcare professionals who treat vulvodynia and related disorders.

In order for us to list your name on our Web site, we require your approval. There is no cost for this service. Please take a moment to fill out the form below and either return it to us by fax or by mail. A listing on *vpainsupport.com* does not imply an endorsement for your services. Your listing will be included in our “professional resources” section of the Web site.

If you have any questions, please contact the Web site editor at (201) 400-0086.

Mailing Address:

vpainsupport.com, Attn: Marlene B. Pissott, P.O. Box 206, Midland Park, NJ 07432

Fax Back to: (201) 444-0668

[] Yes, you have my permission to add our contact information to www.vpainsupport.com. I understand that there is *no charge* for this listing:

BASIC LISTING INFORMATION

Name _____

Address 1 _____

Address 2 _____

Phone _____

Fax _____

Web Site URL _____

Specialty // *Circle One:* OB/GYN, Physical Therapy, Urology, Other Specialty