

Classified Marketplace

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- Employment Opportunities
- Educational Opportunities
- Positions Wanted
- For Sale/For Rent
- Meetings
- Miscellaneous
- Services
- Wanted

RATES

Typesetting available
Line Advertising-\$23 per line,
\$138 minimum

Classified advertising is non-commissionable

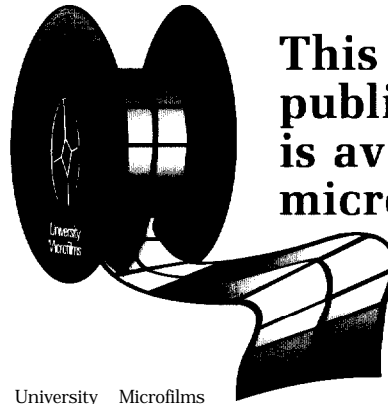
Contact our Classified Advertising Representative for help in placing your customized ad message:

Call toll-free **1-800-257-8290** or send typed copy to:

F A X **#609-853-5991** INFECTION CONTROL AND HOSPITAL EPIDEMIOLOGY



Donna Coles • 6900 Grove Road
Thorofare, NJ 08086-9447



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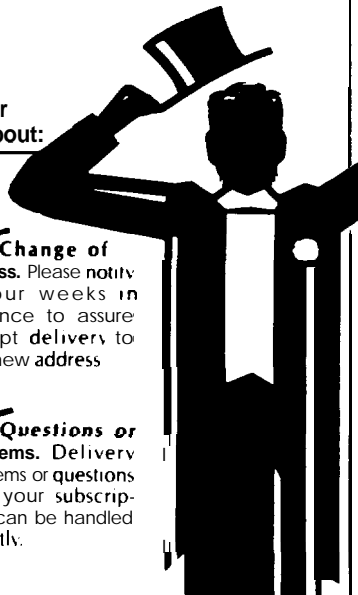
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SLACK 6900 Grove Road, Thorofare, NJ 08086



Statement of Ownership, Management and Circulation

Percent paid and/or requested circulation 88% 82%

(Required by 39 U.S.C. 3685)

1A. Title of Publication Infection Control & Hospital Epidemiology	1B. Publication NO. 0 8 9 9 8 2 3 X	2. Date of Filing 10-1-94
3. Frequency of Issue Monthly	3A. No. of Issues Published Annually 12	3B. Annual Subscription Price 95.00
4. Complete Mailing Address of Known Office of Publication (Street, City, County, State and ZIP+4 code (Do not print)) 6900 Grove Rd., Thorofare/Gloucester County, NJ 08086-9447		
5. Complete Mailing Address of the Headquarters or General Business Office of the Publisher (Do not print) Slack, Inc., 6900 Grove Rd., Thorofare, NJ 08086-9447		
6. Full Names and Complete Mailing Address of Publisher, Editor and Managing Editor (Do not leave blank) Publisher: (Name and Complete Mailing Address) Richard N. Roach, Slack, Inc., 6900 Grove Rd., Thorofare, NJ 08086-9447 Editor (Name and Complete Mailing Address) Michael D. Decker, MD, MPH Same as Above Managing Editor (Name and Complete Mailing Address) Dawn Dupere Same as Above		
7. Owner (Do not check if a corporation, its name and address must be stated and also immediately thereunder the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. If the publication is published by a nonprofit organization, its name and address must be stated. (Do not check if completed.)		
8. Known Bondholders, Mortgagees, and Other Security Holders Owning or Holding 1 Percent or More of Total Amount of Bonds, Mortgages or Other Securities. (Do not check if none.)		
9. For Completion by Nonprofit Organizations Authorized to Mail at Special Rates (EPA Form 4747, Rev. 12-92) The purpose, function, and nonprofit status of this organization and the exempt status for federal income tax purposes (Check one) <input type="checkbox"/> Has Not Changed During Preceding 12 Months <input type="checkbox"/> Has Changed During Preceding 12 Months <input type="checkbox"/> Has changed; publisher must submit explanation of change with this statement.		
10. Extent and Nature of Circulation (Do not check if not published)	Average No. Copies Each Issue During Preceding 12 Months	Actual No. Copies of Single Issue Published Nearest to Filing Date
A. Total No. Copies (Net Press Run)	6,269	6,912
B. Paid and/or Requested Circulation 1. Sale through dealers and carriers, street vendors and counter sales		
2. Mail Subscriptions (Paid and/or requested)	5,204	5,368
C. Total Paid and/or Requested Circulation (Sum of B1 and B2)	5,204	5,368
D. Free Distribution by Mail, Carrier or Other Means (Samples, Complimentary, and Other Free Copies)	676	1,160
E. Total Distribution (Sum of C and D)	5,880	6,528
F. Copies Not Distributed 1. Office use, left overs, unaccounted, spoiled after printing	389	384
2. Return from News Agents		
G. TOTAL (Sum of E, F1 and F2 should equal net press run shown in 4)	6,269	6,912

11. I certify that the statements made by me above are correct and complete.

Signature and Title of Editor, Publisher, Business Manager or Owner
Richard N. Roach

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