

North Carolina Medical Group Management Association

Job Posting Order Form

Name: _____ Date: _____

Company Name: _____

Phone: _____ Fax: _____

Email: _____

Date to Post: _____ Authorized by: _____

PLEASE NOTE: You will be sent a proof of your job posting to the email address listed above. You will have to approve the proof before the ad is posted on our website, approval can be called in or sent via email. Once posted, the ad will remain on the website for 2 months.

Posting format and information:

Position Title: _____

Organization: _____

Location: _____

Description: _____

Requirements: _____

Salary / Benefits: _____

Please Respond to: _____

Please Check Form of Payment

NOTE: Payment must be received before Job Posting is processed.

If a cancellation of a job posting is made after the posting has been prepared by NCMGM, there will be a full refund less a \$50 processing fee.

Member \$150 Non-Member \$200

CHECK VISA MC AMEX

Credit Card# _____ Exp Date: _____

CID Number* (AMEX) ____ (VISA/MC) ____

*CID number on Amex is the 4 numbers above the cc on the front, for Visa/MC it's the last 3 digits of the number on the back

Billing Address _____

Name on Card: _____

Signature: _____