

# Place an Ad on ACHA's Jobline

To place an open position on ACHA's Jobline, please submit the following information to [jobline@acha.org](mailto:jobline@acha.org) or fax to (410) 859-1510.

## CONTACT INFORMATION

(This information will not appear in the ad)

Contact Organization \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Email \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

## BILLING INFORMATION

Billing Organization \_\_\_\_\_

Billing Name \_\_\_\_\_

Billing Email \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## AD PLACEMENT DETAILS

### NEW! ALL ADS ARE POSTED FOR 28 DAYS!

Ad Category (choose one):  Directors/Administrators  Physicians  Health Promotion  Mental Health  Nursing/Physician's Assistants  Other

Ad Position Title \_\_\_\_\_

Ad Institution Name \_\_\_\_\_

Ad Start Date \_\_\_\_\_ (All ads are posted for 28 days.)

All advertisement copy received at ACHA by 10:00 AM (ET) on Thursday will be posted online by 5:00 PM (ET) on Friday of the same week. ACHA's Jobline is updated only on Fridays. Advertisement copy received after 10:00 AM (ET) on Thursday, will be held and posted on Friday of the following week. (Schedule subject to change during holidays.)

## AD WORDING

Email ad wording to [jobline@acha.org](mailto:jobline@acha.org) either in the body of the email or as an attached Microsoft Word document.

## AD PRICING

ACHA Institutional Member?  No  Yes ACHA Member Institution ID # \_\_\_\_\_

### ALL ADS ARE POSTED FOR 28 DAYS.

CHECK RATE:

#### Institutional Member

#### Nonmember

\$200 per 28-day posting OR  \$400 per 28-day posting X \_\_\_\_\_ Number of consecutive 28-day blocks = \$ \_\_\_\_\_

## PAYMENT OPTIONS

Purchase Order # (Institutional Members Only) \_\_\_\_\_ NOTE: Please process and pay invoices within 30 days. Accounts with purchase orders that are 30 days past due are suspended from placing new ads until balance(s) is paid in full.

Charge to:  Visa  MasterCard  American Express

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ Card Security Code \_\_\_\_\_ Billing Zip \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Signature \_\_\_\_\_

**Receipt/Invoice will be emailed to the Billing Name and Billing Email listed above.**