



Job Posting Order Form

CONTACT INFORMATION:

Name: _____

Institution/Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email: _____

AD POSTING INFORMATION:

Rates per ad:

	Member	Non-Member
30 days	\$100	\$175
60 days	\$150	\$225
90 days	\$200	\$275

1. Number of days to post on website (please circle one): 30 days 60 days 90 days
2. Are you an APS member? Yes No If Yes, please provide APS membership ID#: _____
3. Would you like your ad to be printed in the *The Physiologist*? Yes No

(For a list of our issue deadlines please visit the APS Jobs page at <http://www.the-aps.org/fm/Jobs-2>)

CREDIT CARD INFORMATION:

NOTE: We accept the following credit cards: American Express, Master Card, and Visa.

Credit card number: _____

Name on the Card: _____

Expiration Date (mm/yy): ____ / ____

Disclaimer: A copy of your institutional logo will be used on the APS Jobs page in conjunction with your job posting unless otherwise informed.