



AAHFN Job Posting Form

15000 Commerce Parkway, Suite C

Mount Laurel, NJ 08054

Phone: 888-452-2436

Fax: 856-439-0525

Job Posting Rates as of February 26, 2008:

- \$195 per posting
- Job will be posted for 30 days. After the initial 30 day period, a posting may be extended for an additional fee of \$100 per month.
- The following information will be required for a job to be posted:
 - Job Title
 - Contact Name
 - Contact Fax/E-mail/Phone (may include one or all types)
 - Brief job description (limit 100 words)
- A website link to a more detailed job description may be provided for display with the posting.

Review and approval of piece by AAHFN President or President Elect (MANDATORY)

Process:

1. Interested parties may contact AAHFN directly or complete the Job Posting Form available on the AAHFN website.
2. AAHFN President or President Elect reviews and approves posting within 2 weeks of submission.
3. Upon receipt of payment and completed/signed Job Posting Form, the position will be posted on the AAHFN website for 30 days.

Contact Name and Phone Number: _____ (____) _____

E-mail address: _____



Job Posting Policy

The American Association of Heart Failure Nurses (AAHFN) reserves the right to review all information being provided to individuals or organizations via the AAHFN website and to reject requests that do not meet the standards and mission of AAHFN. Postings shall not imply AAHFN's support or endorsement. Feedback on the outcome and decision of the request will be provided with two weeks of submission.

Job Posting Agreement:

Please read the following statement and return completed form with authorized signature as part of your order.

We acknowledge that:

- ✓ Permission for a job posting constitutes neither approval nor endorsement by AAHFN of any position posted.
- ✓ The posting fee is non-refundable.

We agree to the posting agreement and charges as stated in the above job posting instructions.

Signature of Authorized Representative

Date

Name (please print)

Organization

Address

City

State

Zip

PAYMENT INFORMATION

Check

Please send your check to: AAHFN

15000 Commerce Parkway, Suite C
Mount Laurel, NJ 08054
Attn: AAHFN Job Posting Form

Credit Card

Credit Card Type: Visa / MasterCard / American Express/Discover

Name on Card: _____

Signature: _____

Credit Card Number: _____ Security Code _____

Expiration: _____ Total Amount Charged to Credit Card: _____

Patients are the *heart* of what we do.