

American College of Physicians

For additional information, please contact Vera Bensch at 215-351-2630 or vbensch@acponline.org Lauren Cohen at 215-351-2623 or lcohen@acponline.org

ACP JOB PLACEMENT CENTER - JOB POSTING ORDER FORM

Please print clearly to avoid delays in processing your order.		
lame		ACP ID or Booth #
(First) (MI)	,	
Company/Organization Name		
Address		
City	State/Province	ZIP/Postal
Day Phone	Fax	
-mail (where Job Seeker's Profiles s	should be sent):	
OB POSTING REQUIREMENT	TS/INSTRUCTIONS:	
After the meeting co	rged as 2 separate postings, and booth # on their postings. ame and contact information durinans: ans: 2023 contact Dr. Smith at (list celler)	ng the meeting. I phone number or e-mail address). tact information at the office).
the meeting.	, the Job posting booklet and will b	e emailed to participating physicians after
JOB POSTING FEE:		
Number of Postings Submitted	Cost per Posting X \$600.00	Total Amount Due = \$
PAYMENT OPTIONS (Payment	in full is required.)	
Credit Card Please see an ACP Job Placement		d form.
Check # (Make checks payable to ACP. Mus	st remit in U.S. funds drawn on a U.	S. bank.)

POST MEETING EBLAST INSTRUCTIONS

A URL containing the job posting will be sent to the physicians who submitted a profile to the Job Placement Center.

To be included in the post meeting eblast, please email a pdf of your job posting to jobplacementcenter@acponline.org the day of commitment. Your posting will be included in the post-meeting e-blast.