

ACP JOB PLACEMENT CENTER - JOB POSTING ORDER FORM

Please print clearly to avoid delays in processing your order.

Name _____ ACP ID or Booth # _____
 (First) (MI) (Last)

Company/Organization Name _____

Address _____

City _____ State/Province _____ ZIP/Postal _____

Day Phone _____ Fax _____

E-Mail (where job seekers' profiles should be sent): _____

JOB POSTING INFORMATION:

1. All postings will be displayed at the ACP Job Placement Center April 3-5, 2025.
2. Postings must be a high-resolution, 8.5" x 11", 4-color PDF and can list multiple openings.
 - Exhibitors **MUST** include the booth # on their postings.
 - Physicians **MUST** include their name and contact information during the meeting.

Appropriate wording for physicians:

*During Internal Medicine Meeting 2025, contact Dr. Smith at (list cell phone number or e-mail address).
 After the meeting, contact (list person's name and contact information at the office).*

3. We highly recommend including a QR code on your posting to provide physicians with additional information about your opening and organization.
4. Double-sided postings will be charged as 2 separate postings, and both sides will be displayed as such in the Center.
5. There is no limit to the number of postings you can submit.
6. Postings submitted April 1-5 will be displayed in the Center and included in the e-mail sent to participating physicians after the meeting.

PRICE:

Number of Postings Submitted		Cost per Posting		Total Amount Due
_____	×	\$650	=	\$ _____

PAYMENT OPTIONS (Payment in full is required.)

___ **Credit Card (information must be submitted by phone)**

Contact Kim Williams at 215-351-2665.

___ **Check #** _____

(Make checks payable to ACP. Must remit in U.S. funds drawn on a U.S. bank.)

E-MAILING INSTRUCTIONS

E-Mail: You MUST submit the completed order form and electronic version of your posting to:
jobplacementcenter@acponline.org