

## American College of Physicians

For additional information, please contact Vera Bensch at 215-351-2630 or vbensch@acponline.org Sean Corrigan at 215-351-2768 or scorrigan@acponline.org Maria Fitzgerald at 215-351-2667 or mfitzgerald@acponline.org

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ACP JOB PLACEMENT CENTER - JOB POSTING ORDER FORM									
Please prin	t clearly to avoid	delays in pro	cessing your order.						
Name				ACP ID or Booth #					
	(First)	(MI)	(Last)						
Company/Organization Name									
Address									
City			State/Province	ZIP/Postal					
Day Phone			Fax						
E-mail (whe	ere Job Seeker's	Profiles should	be sent):						
JOB POS	TINGS REQUI	REMENTS/I	NSTRUCTIONS:						
<ol> <li>You ma</li> <li>Posting</li> <li>Double</li> <li>Exhibit</li> <li>Physic</li> </ol>	<ul> <li>There is no limit to the number of postings you may place, but you will be charged \$600.00 per posting.</li> <li>You may list multiple openings in your posting.</li> <li>Postings must fit on a single one-sided 8.5x11 sheet, and there is no charge for color.</li> <li>Double-sided postings will be charged as 2 separate postings, and both sides will be displayed.</li> <li>Exhibitors, MUST include the booth # on their postings.</li> <li>Physicians MUST include their name and contact information during the meeting.</li> <li>Appropriate wording for physicians:</li> </ul>								

During Internal Medicine 2019 contact Dr. Smith at (list cell phone number or email address). After the meeting contact (list person's name and contact information at the office).

- 7. **Electronic Job Postings** All postings submitted before March 31 will be available electronically to participating physicians onsite. Postings received after April 1 will be included in the post-meeting e-blast sent to all participating physicians. You **MUST** submit electronic version of your posting to: <a href="mailto:jobplacementcenter@acponline.org">jobplacementcenter@acponline.org</a>
- 8. 50 copies of your job posting **MUST** be delivered to the ACP Job Placement Center, Booth #618, in the Philadelphia Convention Center by 9:45 a.m. on April 11. It is the exhibitor's responsibility to check their supplies at the end of each day and replenish as necessary.

Price								
Number of Postings Submitted	Cost Per Posting			Total Amount Due				
	Χ	\$600	=	\$				
PAYMENT OPTIONS (Payment	in full is	required.)						
Credit Card Name on Card		Card #		Exp. Date				
Check # (Make checks payable to ACP. M	ust remi	it in U.S. funds drawn on	a U.S. bank.	)				