



# NERVES

## Job Posting Order Form – Search Firms

Please fill form out and email back to Kate@NERVESadmin.com

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Date to Post: \_\_\_\_\_ Authorized by: \_\_\_\_\_

**PLEASE NOTE:** You will be sent a proof of your job posting to the email address listed above. You will have to approve the proof before the ad is posted on our website; approval can be called in or sent via email. Once posted, the ad will remain on the website for 30 days. Postings can be extended at a rate of \$100 per additional month. NERVES will send a broadcast email to membership at the beginning of each renewal period.

### Posting format and information:

Position Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Location: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requirements: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Salary / Benefits: \_\_\_\_\_

Please Respond to: \_\_\_\_\_

\_\_\_\_\_

**Please Check Form of Payment - NOTE: Payment must be received before Job Posting is processed.**

\$550

CHECK

VISA

MC

Credit Card# \_\_\_\_\_ Exp Date: \_\_\_\_\_

CID Number\* \_ \_ \_ \_

\*CID number for Visa/MC it's the last 3 digits of the number on the back

Billing Address \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

**NERVES**

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