



NERVES

Job Posting Order Form – Employer

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.

\$300

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: _____

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1300 Baxter Street, Suite 360 ♦ Charlotte, NC 28204 ♦ Phone 704-940-7386 ♦ Fax 704-365-3678