

Advanced Practice Nurses of New Jersey



Advertising Work Order

Company: _____

Project Title: Position Posting

Authorized Person: _____

Project Description: 30 Day Listing

Contact Name: _____

Term: Immediate

Telephone: _____

Date: _____

Option 1

- \$170 Single direct electronic mailing to individual organization members plus 30 day advertisement posted to opening page of Members Area of organization Website

Option 2

- \$575 Up to 5 postings per year. This includes direct electronic mailing plus 30 day posting each occurrence

*All work to be approved by both parties before posting

Suzanne Drake, PhD, APN
Co-Director APN-NJ

Authorized Signature

1. Email or Fax signed copy of this contract to 908 625 2128
2. Email Advertisement to: psychapn@gmail.com
3. Make payment online at www.APN-NJ.org/pay
OR Mail contract and check made payable to APN-NJ to:

APN-NJ c/o Suzanne Drake PhD, APN
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Scotch Plains, New Jersey 07076