



ONLINE JOB POSTING

Please complete and return this form with payment to the UAPA office. Payment must be received in advance of placing your job posting on the society website. Checks must be payable to the Urological Association of Physician Assistants.

Once the form & payment is complete, e-mail the text for your posting to venessa@wjweiser.com.

If you have any questions regarding this invoice, please call the UAPA office at (847) 517-7225.

Name of Company: _____

Contact Person: _____

Mailing Address: _____

Phone: _____

Fax: _____

Email: _____

Rate for job posting on UAPA website:

Member: \$100.00 per month

Non-Member: \$300.00 per month

Amount enclosed: \$ _____

Check Visa MasterCard American Express

Credit Card Number: _____

Expiration Date: _____ CVV# _____

Name on Card: _____

Billing Address: _____

Signature of Card Holder: _____

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