**Minnesota Black Nurses Association**

Job Posting Request Form

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| Company Name: |
| Contact Name: Title: |
| Address: |
| City/State/Zip: |
| Telephone#: |

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| **Job Posting Information**  \*\*Submit your job description to [info@mnbnassoc.org](mailto:info@mnbnassoc.org) in a word document\*\*  **Pricing:**  30 days $135.00 |

**Payment Information**

*Once we receive payment, your job will be posted within 48 hours.*

*Visa MasterCard*

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| Credit Card #: Exp. Date: Sec. Code: |
| Signature: |