**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 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:  |