

AAIHDS

American Association of Integrated Healthcare Delivery Systems

AAIHDS Job Posting Form

(Please Print)

Contact _____ Title _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Method of Payment

\$200 per posting Amount enclosed _____ # of postings: 1 2 3 4 5

Check

Visa

MasterCard

American Express

Credit Card# _____ Expiration Date _____

CVV2 Security Code _____ Signature _____

Company Name _____ Location _____

Phone _____ Fax _____

Date Position Available _____ Contact _____

Title and description of job with requirements _____

Return this form with payment to AAIHDS
4435 Waterfront Drive, Suite 101, Glen Allen, Virginia 23060
Telephone 804-747-5823 Facsimile 804-747-5316
Internet: www.aaihds.org Email: sreed@aaihds.org