

NHNA Career Center Job Posting

Position Title _____

Facility _____

Location _____

Salary Range _____
(if available)

Description (limit 100 words)

Application Instructions

Total \$ _____ (**\$99 fee per ad**)

Ad will run for 30 calendar days from date posted unless extended in writing.

Check enclosed OR Charge to Master Card Visa Discover

Card number _____ EXP ___/___/___ Sec Code _____

Name on Account _____ Zip Code _____

Submitted by _____ Phone _____

Credit card orders: save form and email to office@nhnurses.org or fax at 603-228-6672

Check orders: print and mail to NHNA 201 N. State Street, Suite 1-A Concord, NH 03301