

# ATLA Job Posting Order Form

## Key Contact Name

Prefix	First	Last
Position	Company	
Address		
City	State	Zip Code
Phone	ext.	Fax
E-mail address		

Item	Price	Total
Job Posting	\$60 USD	
Job Re-Posting (automatically adds another 60 days to the job posting)	\$60 USD	
	<b>Total due:</b>	

\* E-mail your job posting to ATLA Member Programs at [memberrep@atla.com](mailto:memberrep@atla.com)

## Method of Payment • U.S. Currency Only

- Check (payable to ATLA in U.S. currency, drawn on a U.S. bank)  
 Visa/MasterCard/American Express  
 Invoice me

Card #	CVC/CVC2#	Expiration date
Name as it appears on card	Signature	

**Submit**

or  
e-mail, mail, or fax this completed form

ATLA • 300 S. Wacker Dr. Suite 2100 • Chicago, IL 60606-6701 • Toll-free: 888.665.2852

• Outside N. America: 312.454.5100 • Fax: 312.386.9337 • [memberrep@atla.com](mailto:memberrep@atla.com)

