



mhpcoJOBnetAdvertising Form

You've made the right decision in choosing to advertise with the Michigan Hospice and Palliative Care Organization. For one low price your positions will appear on our website under **Hospice Jobs**, and will also run twice in the **MHPCO eNews** over a one month period. MHPCO **JOBnet** offers opportunities exclusively to those seeking careers in all disciplines within hospice. Advertising on the MHPCO web site will not only provide easy access to hospice jobs, but will also offer great savings to you at the same time.

MHPCO Member Benefits Include:

- **Value** - Jobs are posted on MHPCO website for 1 month, and twice in the MHPCO eNews for one low rate.
- **Targeted Visibility** - Your positions will be seen by hospice job seekers both member and non-member.
- **Hospice Specific** - Job postings target to both passive and active job seekers.
- **Ease in contacting you, the employer** - Employers are encouraged to include an email contact for quicker response to positions by candidates.

Rates:

- \$60 for up to 30 words or less (each additional word \$1 each).
- One month posting on MHPCO website. (Discipline specific)
- Positions will also be posted to the MHPCO eNews, twice over a one month period.

Ad/Contact Info (Please print clearly)

Fax to: (517) 668-6492

- Ad(s) must be typed (in email format) as you want them to appear, please include this MHPCO ad form. Email ad copy to: lisab@mihospice.org
- Ad(s) must include a contact person, email contact or phone number for applicants to respond. (Email is recommended as it provides a direct link for applicants)
- Jobs will be posted to website within 24 hours of receipt, and posted in order by date received. (MHPCO membership is required to post positions on our our website)

Hospice program: _____ Phone: _____

Address: _____ City: _____

State/Zip: _____

Contact person: _____ Contact email: _____

Position: _____ Word count: _____

Position: _____ Word count: _____

Ad response email: _____

PAYMENT INFORMATION

Credit Card Info: Visa MC

Card # _____ Exp ____/____

Name on Card _____

Signature _____

Please invoice me :

Mail Payment to: MHPCO
12800 Escanaba Dr., Ste. E
DeWitt, MI 48820

For More Information Please Call (517) 668-6396 • Fax (517) 668-6492

Office use only

Start date: _____

End date: _____

Cost: _____

Inv#: _____