



INTERNAL USE ONLY	<b>Job Post ID</b>
Post Date:	_____
Removal Date:	_____

## ALAS Job Posting Request Form

### JOB POSTING DATE

Job Posting Start Date: \_\_\_\_\_

### CONTACT/BILLING INFORMATION

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### JOB DESCRIPTION

Please attach full job posting to this request form

### JOB POSTING SELECTION

**Option 1:** includes six (6) week posting on ALAS website:

**Option 2:** includes posting on ALAS bi-weekly update three (3) times; email to SLA cohort and alumni; and push on Facebook and Twitter:

- ALAS Dues Paying Member – Free\*
- ALAS School District Member – Free
- ALAS Institutional Member – Free
- ALAS Corporate Member – Free
- ALAS Non-Member - \$150

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- ALAS Non-Member - \$150

\* Note: Dues Paying Members may only post for the school district where they are employed up to 10 per membership year.

**Total \$** \_\_\_\_\_

### METHOD OF PAYMENT

- Check Enclosed: \$\_\_\_\_\_ (payable to ALAS)
- Bill Me – Purchase Order Enclosed     Bill Me – Invoice me at address provided above
- Credit Card (MC, Visa, Discover)
  - Name on Card \_\_\_\_\_
  - Credit Card # \_\_\_\_\_ Exp. (Month/Year) \_\_\_\_\_
  - Billing Address \_\_\_\_\_
  - City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please submit completed request form and payment to:

ALAS  
PO Box 65204  
Washington, DC 20035  
operations@alasedu.org