

ALAS

Association of Latino Administrators & Superintendents
ALAS Job Posting Request Form

JOB POSTING DATE

Job Posting Start Date: _____ Job Application End Date: _____

CONTACT INFORMATION

Company Name _____ Contact Name _____

Title _____ Address _____

City _____ State _____ Zip _____ Phone _____

Email _____

BILLING INFORMATION

Name on Card _____

Credit Card # _____ Exp (Month/Year) _____

Billing Address _____

City _____ State _____ ZIP _____ Email _____

METHOD OF PAYMENT (Select one)

- Check Enclosed: \$ _____ (payable to ALAS)
- Bill Me – Purchase Order Enclosed
- Credit Card (MC, VISA, Discover)
- Bill Me – Invoice me at the address provided below

JOB DESCRIPTION: Please attach full job posting to the request form in word doc

JOB POSTING SELECTION (may select both options)

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

- ALAS DUES PAYING MEMBER – FREE
- ALAS SCHOOL DISTRICT MEMBER –FREE
- ALAS INSTITUTIONAL MEMBER – FREE
- ALAS CORPORATE MEMBER – FREE
- ALAS NON- MEMBER - \$200

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

Total: \$ _____