

Professional Nursing Network™

Online Advertising Insertion Order

Contact Name: _____

Institution: _____

Billing Address: _____

City/State/ZIP: _____

Phone Number: _____

Email Address: _____

Fax Number: _____

Did you complete the Professional Nursing Network™ Employer Survey? Yes No

Advertising Options

Employer Spotlight: \$1,000/month
Month(s) to Run: _____

Hot Prospects: \$500/month
Month(s) to Run: _____

Total Cost: _____

Payment Options

By Credit Card using Visa or Mastercard (American Express not accepted)

Visa Mastercard Total Charged: _____

Name of Cardholder: _____

Account Number: _____ Expiration Date: _____

Signature of Cardholder: _____

Submit check or money order for the total amount to: Professional Nursing Network, c/o AACN, One Dupont Circle, Suite 530, Washington, DC 20036.

Send an invoice to the address above or submit to the following department and/or address:

Payment is due within 15 days of the receipt of the invoice.

Please fax completed forms to (202) 785-8320

Questions? Contact Kimberly Allen at (202) 463-6930, ext. 227 or kallen@aacn.nche.edu