



TOTA
 TEXAS OCCUPATIONAL
 THERAPY ASSOCIATION, INC.

Career Corner Placement Agreement – 2010

1106 Clayton Lane, Suite 516W

Austin, Texas 78723

www.tota.org

Phone 512-454-TOTA (8682) Fax 512-450-1777

**TOTA Career Corner: Post OT and OTA job opportunities and positions wanted for a 30 day period.
 Ads are for one location (city) only: multiple locations must be placed accordingly.**

<p>Members (Member# _____) <input type="checkbox"/> \$75 for each 30-day postings _____ # of Postings: (\$75./month/single ad/one location)</p>
<p>Non-Members and Corporations <input type="checkbox"/> \$100 for each 30-day postings _____ Number of Postings: (\$100./month/single ad/one location) Ads are for one location (city) only: multiple locations must be placed accordingly</p>
<p>Featured Opportunities <input type="checkbox"/> Career Corner ad with company logo at the top of the Career Corner page for 90 days (first come- first served order) Rate: \$ 350. for 90 days</p>

The URL location will be emailed to you so that you may access the form and enter the position opening information directly. You must post within 10 days of receiving the URL.

Total Cost: _____

(Please print or type all information)

Company Name: _____

Contact Person: _____

Address: _____

Address: _____

Telephone: _____ FAX: _____

Email: _____

*Verbiage exceeding the 35 word limit per section will not be posted and will be truncated with no editing

Advertising Agency Placements Only: If you are an agency placing an a for a corporate client, individual member discount does NOT apply. Please check to see if the corporation for which you are placing the ad is a corporate member of the Texas Occupational Therapy Association. To keep ad prices low, TOTA does not invoice, ads must be prepaid.

Client: _____ **City:** _____

Name and email of person who will be listed on the job posting:

Location for job if different from client city: _____

Payment

Check # _____ Please send to TOTA Mailing Address below

Master Card / Visa ____ Please circle one, may be faxed to number below

Card Number: _____ Expiration Date: _____

Amount: _____ 3 Digit Security Code on card back: _____

Cardholder's Signature: _____

Cardholder's name exactly as it appears on credit card: _____

TOTA reserves the right to prohibit any advertising deemed to be of inappropriate content. The advertiser agrees to hold TOTA harmless from and against any and all claims, causes of action, judgments, liabilities, damages, losses, costs and expenses, including reasonable attorneys fees arising as a result of the advertising placed. There are no refunds on ads.

**Mail this form with payment to:
 TOTA, Inc., 1106 Clayton Lane, Suite 516W, Austin, Texas 78723
 OR fax to 512-450-1777**

FOR OFFICE USE ONLY

Amount \$ _____ Date Received _____ Paid by _____

Check Number _____ Credit Approval # _____