

# 2013 RESIDENTS/FELLOWS Campaign

**This is an eleven (11) months subscription program.** 44,000 emails and 12,000 direct mail pieces. 4,000 doctors will be emailed each month for 11 months starting in February 2012. Physicians who did NOT provide any email addresses will be reached by direct mail. Post cards will direct them to a specific website to inquire about job opportunities.

**Each participating member may advertise an unlimited number of jobs and update them at any time. Website has been updated to allow physicians to directly contact from their smart phones via texting, phoning, or emailing for them to inquire about job opportunities.**

Pay \$400 a month for 11 months or a one-time payment of \$4,400.

Please fill out the commitment form and fax to NAPR headquarters at **407-774-6440** on or before Dec. 15, 2011.

\* \* \* \* \*

I would like to pay my subscription on a monthly basis: \$ 400.00 per month for 11 months – 15<sup>th</sup> of each month   
To start February 15, 2012 and ends December 15, 2012

I would like to pay my subscription on a one time payment only: \$ 4,400.00

I am paying by check:  I am paying by credit card:

Send Invoice

Credit Card Type:  Visa  MasterCard  
 American Express

Please charge my credit card in the amount of \$ \_\_\_\_\_

Account #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVM/CID (Security Code) \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_

**Submitted By:**

Name & Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Street Address (no PO Box): \_\_\_\_\_

City, St, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Authorized Signature: \_\_\_\_\_

*Firm Owner, principal or designated NAPR representative*

**By signing this Participation Form, you agree to the terms as described. The signed Participation Form automatically becomes incorporated and made part of the NAPR Program and Candidate Sourcing Program Agreement.**

\* Participation limited to NAPR Active members.

**NAPR Services, Inc.**

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