***Cost: $165.00 for a maximum period of 4 weeks.***

***Job reference #:***

***The Job Advertisement must include the following information:***

* *Close date*
* *Contact Person & Contact Details*
* *Salary or Salary Range*
* *Working hours or type (i.e. Full time, Part –time, Contract etc)*

***Conditions:***

* *Your job advertisement is valid for a maximum period of 4 weeks from uploading*
* *If you wish to extend your advertisement you must contact ADEA prior to the advertisement expiry date specified by you (this extension can only be done within the 4 week period)*

🞎 *I have forwarded a word version of the job advertisement to the following email address* [*inquiries@adea.com.au*](mailto:inquiries@adea.com.au)*, along with this payment form.*

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| **Payment Details:** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Payable to Australian Diabetes Educators Association (ADEA) ABN 65 008 656 522**  **Contact Information: Email** - inquiries@adea.com.au | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Job reference #:***  Please note: Credit Card Transaction Fees of 1.8% will be applied. | | | | | | | | | | | | | | | | | | | | | | | | |
|  Deduct my Credit Card: | | | | | | | | | | | | | | | | | | | | | | | | |
| Card Type: |  MasterCard | | | | | | | | | | |  Visa | | | | | | | | | | | | |
| Amount: $ |  | | | |  | | |  | | | | . | | | | | 0 | | | | 0 | | | |
| Name on Card: | | | | | | | | | | | | | | | Expiry Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Card Number: | |  |  |  | |  |  | |  |  |  | |  | | |  | |  |  |  | |  |  |  |
| Signature: | | | | | | | | | | | | | | Date: \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_ | | | | | | | | | | |
| Name of Organisation: | | | | | | | | | | | | | | | | | | | | | | | | |
| Email invoice to: | | | | | | | | | | | | | | | | | | | | | | | | |