

# MLA '10 Annual Meeting Job Opportunity Form

Job #: J- \_\_\_\_\_

This form will be reproduced and placed in Job Opportunity Notebooks in the Placement Center during the meeting. Please print or type all requested information. **Once you have filled out this form, you can attach a more detailed job description.**

Job Title: \_\_\_\_\_ Salary Range: \_\_\_\_\_

Type of Institution:

Academic     Hospital/Health Agency     Information Industry     Government     Social Service     Other \_\_\_\_\_

Job Classification

Administration     Technical Services  
 Public Services     Other \_\_\_\_\_

Years of Experience Required

0-1 Years (Entry Level)     1-3 Years     3-5 Years  
 5-7 Years     7+ Years     Other \_\_\_\_\_

Starting Date: \_\_\_\_\_ Closing Date: \_\_\_\_\_

Experience/Duties and Responsibilities

Educational Requirements

Experience of Additional Requirements

## Contact

Employer's Name (Institution/Library/Company) \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Contact Person \_\_\_\_\_

Telephone Number (Include area code) \_\_\_\_\_ Email \_\_\_\_\_

Job Location (if different from above) \_\_\_\_\_

<p><b>Attendance</b></p> <p>Will you be attending the Meeting? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Circle all dates that you will be present</p> <p>May 23   May 24   May 25   May 26</p>	<p><b>Billing (You will be billed after the conference)</b></p> <p><input type="checkbox"/> I am an Institutional Member ID # _____</p> <p><input type="checkbox"/> I am not an Institutional Member</p> <p>Institutional Members \$100 per listing</p> <p>Non-Institutional Members \$150 per listing</p>
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Return completed form to: MLA Placement Service, Medical Library Association, 65 East Wacker Place, Suite 1900 Chicago, IL 60601-7298, 312.419.9094, Fax, 312.419.8950