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All job postings are subject to approval	and availability										
Please fill out information below and su	bmit payment	along wit	:h job l	isting:							
☐ Employment Agency ☐ Recruite		Office I	Manage	er/HR		□S	OPE M	ember			
First Name			Last Name								
Organization											
Address											
Address 2											
City			State				Zip				
Email Address				ı	Phone						
Please send job posting electronically to All payments must be received to process. Please send orders to: Society of Pediatric Echocardiography Attn: Jerel Noel 1500 Sunday Drive, Suite 102 Raleigh, NC 27607 Or fax credit card orders to: (919) 787-4916	-	ointresou	urces.c	om	SC	DPE Fed	leral Ta	x ID Nu	mber: 27-0	940450	
	Payme	ent Info	rmat	ion							
Method of Payment: Check/Money Order (Make payable to SOPE)				MasterCard				VISA			
Credit Card #				1	-		1		1		
Exp. Date (MM-YYYY) Cardholder Name											
Month Year	 Signat	ture of Ca	ardhol	ler							