Society for Immunotherapy of Cancer
555 East Wells St. Suite 1100 | Milwaukee, WI 53202-3823
Phone: (414) 271-2456 | Fax: (414) 276-3349
Email: info@sitcancer.org | Web: www.sitcancer.org

JOBS LISTING APPLICATION FORM

CONTACT FOR POSTING ORDER

Organization Name: ___________________________________________________________
Posting Contact Name: __________________________________________ Phone: _______
Address: _________________________________________________________________
City: ____________________________ State: ________ Zip: __________ Country: ________
E-Mail Address: ____________________________ Mail Date: ________________

INFORMATION FOR POSTING

Position Advertised and/or Job Type: ______________________________________________

Position Summary: Send an email to info@sitcancer.org containing text to be used for the posting, or submit a hard copy when submitting this form via postal mail or fax. Please be sure to note “your company/institution name - Job Posting” in the subject line.

URL for your website, original job posting or application submission site: _______________

Contact Information: __________________________________________________________

POSTING CRITERIA

Approval Process: Within three (3) business days of receipt of this application and a form of payment, you will be notified of the acceptance of your posting request as well as the anticipated posting date. Once the posting is live, you will be sent an e-mail notification along with the URL for the posting.

Length of Posting: The posting will be listed for four (4) months on the “SITC Job Board” on sitcancer.org, SITC's official website. Postings can be renewed after this period upon request (fees apply).

PAYMENT INFORMATION

Job Listing Cost: (Check the appropriate listing category and circle appropriate fee)
☐ SITC Members (academic).................................................................................. $75.00
☐ SITC Non-Members (academic).......................................................................... $100.00
☐ Industry (member/non-member)........................................................................ $150.00

Method of Payment: (Please select the appropriate payment form below and provide the necessary information)
☐ Check (Number: _________) Make checks payable to SITC in U.S. dollars drawn from a U.S. bank.

☐ Credit Card (Select Type): ☐ Visa ☐ MasterCard ☐ American Express

Credit Card Number: __________________________________________________________
Cardholder’s Name: __________________________________________________________ Exp. Date: __________________
Signature: ____________________________________________________________________

Contact the SITC office at 414-271-2456 if you have any questions or require further information.