



Michigan Cancer Registrar's Association

Name of Facility: _____

Contact Person: _____

Contact Phone Number: _____

Contact E-mail Address: _____

_____ One (1) position posted for 60 days for a fee of \$90.00

_____ Two (2) positions posted for 60 days for a fee of \$170.00

_____ Three (3) positions posted for 60 days for a fee of \$250.00

Contract Agreement:

1. No return of money if the position is filled or the hospital requests to withdraw the position after it has been posted.
2. After 60 days position will automatically be removed, unless facility notifies otherwise.

If you are interested in posting a position, complete the above information and send along with payment to the following address. (Make checks payable to MICRA.)

Sheila Tolfree
881 E. Breasbois Court
Midland, MI 48640

Upon receipt of your contract and payment, you will be notified where to e-mail your job posting. Thank you for your business. If you have any questions, please contact Michelle Hulbert at hulbertmr@michigan.gov.