

JOB/EVENT POSTING APPLICATION

1. COMPANY/INDIVIDUAL GENERAL INFORMATION

Organization _____

Contact Person _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____ **Ext** _____ **Fax** _____

Is this Non-Profit Organization ? _____ **Y** _____ **N**

If Yes, please provide EIN _____

(Please fax or mail your organization tax exempt letter)

2. PAYMENT INFORMATION

Organization's Purchase Order (Please fax or mail CAFE)

Payment Enclosed:

___ **Check** ___ **MC** ___ **VISA** ___ **AMEX**

Credit Card Number _____

Exp. Date _____

Name on Card _____

Signature _____

Please make payment to:

California Association for Bilingual Education (CAFE)

16033 E. San Bernardino Road

Covina, CA 91722-3900

Phone 626.814.4441 Fax 626.814.4640