



**Allergy & Asthma  
CAREER PLACEMENT NETWORK**

MAIL OR FAX TO:  
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# OPENING FOR ALLERGIST

PLEASE TYPE OR PRINT CLEARLY

## PERSON OR ORGANIZATION SEEKING ALLERGIST

Organization or Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phones: Home \_\_\_\_\_ Work \_\_\_\_\_ Fax \_\_\_\_\_

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

Email: \_\_\_\_\_

Description of Practice:  Adult  Pediatric  Clinic  Hospital  Other \_\_\_\_\_

## DESCRIPTION OF OPENING

Primary Specialty:  Internal Medicine  Pediatrics

Reason for Opening: (Check all that apply)  Adding Associate  Associate Leaving  Allergist Retiring

No Allergist Present  Selling Practice  Other \_\_\_\_\_

Brief Description of Opening: \_\_\_\_\_

\_\_\_\_\_

Special Requirements:

\_\_\_\_\_

Description of Compensation Package (Optional): \_\_\_\_\_

\_\_\_\_\_

The Allergy & Asthma Career Placement Network is a gratuitous service of Hollister-Stier Laboratories LLC and is offered to all allergists and allergy fellows-in-training. We gather and release this information without responsibility or obligation.

PHYSICIAN'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

### Hollister-Stier USE ONLY

Listed by: \_\_\_\_\_

Div: \_\_\_\_\_ Terr: \_\_\_\_\_

Date: \_\_\_\_\_