



**COLLEGE OF HEALTH SCIENCES
2008 FALL JOB FAIR
REGISTRATION FORM**

Monday, November 3, 2008
Noon to 2:00 p.m.
Pendergraft Health Sciences Center

Employer Name _____

Mailing Address _____

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

Contact Person _____ **Title** _____

Phone _____ **Fax** _____

Email Address _____

Internet Address _____

Number of representatives attending _____

Company Description/Employment Opportunities:

Equipment Needs:

Electricity

Other _____

Your registration fee includes:

- A 2.5' X 5' table and 2 chairs
- Promotional advertising
- Employer hospitality room and refreshments
- UA Fort Smith Health Sciences Resume Book
- UA Fort Smith hospitality gift bag

Registration information:

- **Registration fee: \$100**
- Cancellation before October 24, 2008, you will receive a full refund
- There will be no refunds after October 24, 2008
- Checks should be made payable to **Student Nurses Association**
- Please return this form with your payment to the address below by **Friday, October 20, 2008:**

*Ron Orick
Career Services Office
UA Fort Smith
P.O. Box 3649
Fort Smith, AR 72913-3649*

For office use only
Date received: _____
Date paid: _____
Check Credit Card