

Central Michigan University - RPL's Center for Leisure Services

2009 SUMMER JOB FAIR

Wednesday, February 18

REGISTRATION FORM

(Please "clearly" type or print requested information)

Complete Other Side too 

FACILITY NAME: _____

AFFILIATE NAME (if applicable): _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____

WEBSITE: _____

Representatives to attend: (please *PRINT* names clearly for preparation of name tags)

1) _____ Title: _____

2) _____ Title: _____

Return this form and \$75 registration fee by February 2, 2009 to:

Center for Leisure Services
Central Michigan University
Finch 109
Mount Pleasant, MI 48859

Make check payable to: CENTRAL MICHIGAN UNIVERSITY

AMOUNT ENCLOSED: _____ CHECK NUMBER: _____

FOR OFFICE USE ONLY:

Received: | Classification: | Table No.

_____|_____|_____

Confirmation Letter Sent: _____