

2009 Atlantic Region Conference Career Fair Registration Form

Business Name: _____

Type of Organization: _____

Contact Person: _____

Contact Information

Phone Number: () _____ - _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____

Registration Fees

\$500 (per table) prior to Sept 20th, 2009

\$575 (per table) between Sept 21st & Oct 20th, 2009

Number of Tables Required: _____

Total Registration Fee: _____

Additional Sponsorship Donation: _____

Total: _____

Signature: _____ Date: _____