



EMPLOYER REGISTRATION FORM

Wednesday, February 13, 2008 at the Courtyard by Marriott, 100 South Fountain Avenue, Springfield, OH

Employer Check-in: 9:30 a.m.-10:30 a.m.

Brunch: 10:30 a.m.-11:30 a.m.

Job Fair (Booths open): 11:30 a.m.-2:00 p.m.

ORGANIZATION

Organization Name	Website
Contact Person	Title
Mailing Address	Email
City, State, ZIP	Telephone
Total recruiters attending:	Fax

SIGNAGE/EQUIPMENT NEEDS

Will you need any of the following?

- Electricity (Please provide your own extension cords.) Space for a large floor display (Greater than 8 feet wide)
 Internet Access (please provide own Ethernet cords.) Eight-foot table (standard is a six-foot table)

RECRUITING NEEDS

We are seeking employees in the following categories:

- Part-time/Seasonal Internship/Cooperative Education
 Entry level with a college degree (associate's or greater) Experienced with a college degree

How many openings do you anticipate hiring for this year? _____

Please forward company and position descriptions prior to January 13 to CAREERS@CLARKSTATE.EDU to have information included in the event guide.

- My organization will donate a door prize.

REGISTRATION

Non-Profit/Gov't Registration	\$50 per organization (2 recruiters)	\$ _____
Corporate Registration	\$100 per organization (2 recruiters)	\$ _____
Additional Recruiters	\$10 per person if more than 2	\$ _____
Silver Sponsorship	\$150 includes registration, ½ page ad in student guide, and one additional recruiter (3 recruiters total)	\$ _____
Gold Sponsorship	\$250 includes registration, full page ad in student guide, two tables and two additional recruiters (4 recruiters total)	\$ _____
Total		\$ _____

PAYMENT is being made by the following means (Tax ID: 31-0734597):

<input type="checkbox"/> Check payable to JOB & INTERNSHIP FAIR Return registration to: Clark State Community College Office of Career Management P.O. Box 570 Springfield, OH 45501-0570 Fax: 937-328-6133	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover
	Card Number (16 digits) _____
	Expiration Date (xx/xx) _____
	Name of Authorized User _____
	Signature _____
	Phone Number _____
	Billing Address _____
Billing City, State, ZIP _____	

Your registration confirmation will be sent to you once your payment and registration information is received and completed. If, for any reason, you need to cancel your registration, please submit a cancellation notice in writing to CAREERS@CLARKSTATE.EDU. In the event that an organization chooses to withdraw completely from the Fair prior to January 23, 2008, they will receive a full refund. Cancellations on or after January 13, 2008 will forfeit the entire registration fee.