REGISTRATION FORM

2009 Fall Career Kaleidoscope, Ohio Northern University
Monday, September 14, 2009

Registration Deadline: Friday, September 4, 2009
No refunds will be given for cancellations made after September 9.

Please register by Friday, September 4, 2009. To register, complete the form and:

Fax to: Jane Ward, 419-772-2007 OR Mail to: Jane Ward
Office of Career Services – Lehr Kennedy House
Ohio Northern University
525 South Main Street
Ada, Ohio 45810

THE FOLLOWING INFORMATION WILL BE PROVIDED TO STUDENTS IN ADVANCE OF THE EVENT.
(Please type or print)

Organization Name_____ Web Address_____

Contact Person _____Title_____

Email_____ Phone _____ Fax _____

Mailing Address_____
Street/Box City State Zip

Brief description of your organization:
_____

Please indicate the majors you are interested in meeting *(majors sought will be listed on signs for your table)*
_____

If applicable, position(s)/ title(s) being recruited_____

Candidate specification(s) required (see majors list at www.onu.edu)_____

Please indicate the size of your display. Is it freestanding?
_____

Sorry, we are unable to supply electrical outlets in this facility. Wireless internet connection will be available.

How many recruiters will be representing your organization? _____ How many recruiters will be staying for lunch?_____

Do you wish to schedule interview appointments in the afternoon? _____Yes _____ No

Recruiter(s) Attending – Please indicate if recruiter is an **Alumni** of Ohio Northern University

Name	Title	E-mail address	Alumni
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

COST:
Initial cost covers two (2) recruiters and one (1) covered eight-foot table, two (2) chairs, and lunch at a cost of = $150.00
Additional recruiters representing your organization _____ ($75.00/person) = $_____
Additional covered 8-foot tables with two (2) chairs needed _____ ($50.00/table) = $_____
TOTAL ENCLOSED: = $_____

Payment Info: _____Check payable to **ONU/Career Kaleidoscope** enclosed **OR**
_____Credit Card: (please circle) MasterCard, VISA, DiscoverCard

Credit Card Account # _____ Cardholder's Name_____

Expiration Date_____ Total Amount Charged_____ Daytime Cardholder Phone_____

Cardholder's Signature_____