**Cleary University 2016 Internship Fair Employer Registration Form**

Wednesday, November 16, 2016 ~ 12pm to 4pm

*Registration form and payment must be received by Wednesday, November 9, 2016.*

*Space is limited to the first 25 registrations with payment*

**Organization Name:** Click here to enter text.

**Contact Name and Title:** Click here to enter text.

**Contact Email:** Click here to enter text.

**Mailing Address:** Click here to enter text.

**City:** Click here to enter text. **State:** Click here to enter text.

**Zip:** Click here to enter text. **Organization Website:** Click here to enter text.

**Phone Number:** Click here to enter text. **Fax Number:** Click here to enter text.

**Representative Name:** Click here to enter text. **Email:** Click here to enter text.

**Representative Name:** Click here to enter text. **Email:** Click here to enter text.

**Additional Representative Name:** Click here to enter text. **Email:** Click here to enter text.

**Additional Representative Name:** Click here to enter text. **Email:** Click here to enter text.

**Please list any special dietary restrictions for Representatives:** Click here to enter text.

**Any special needs i.e. electrical outlet, etc.:** Click here to enter text.

**Organization Description:** Click here to enter text.

**Seeking interns for (check all that apply):**  Winter 2017  Spring 2017  Summer 2017

Fall 2017  Other: Click here to enter text.

**Desired Majors (check all that apply):**

International Bus. Management

Marketing

Human Resource Management

Event, Sports and Promotion Mgt.

Accounting

Finance

Entrepreneurship

Business Management

Health Care Management

**Employer Registration Fee**  $25.00

Fee includes a 6’ table, two chairs, luncheon for two (2) recruiters and refreshments throughout the afternoon

**Additional Representatives # X $10 each =** $Click here to enter text.

**Total amount due\*: $**Click here to enter text.

*\*Receipts will be issued upon request*

**Payment Options:**  Check made payable to Cleary University  **Purchase Order #** Click here to enter text. **Credit Card:**  I will call Career Services at 517.338.3067 with my credit card information –OR-  Card information is provided below:  Visa  Mastercard

**Name on Card:** Click here to enter text.

**Card Number:** Click here to enter text. **Expiration date (mm/yy):** Click here to enter text.

**Three Digit CW Code**: Click here to enter text. **Billing Zip Code:**  Click here to enter text.

Send your registration form and payment to: Cleary University Career Development, Chrysler Building, 3750 Cleary Drive, Howell, MI 48843 ~ Phone: 517.338.3067 ~ Fax: 517.552.7805~ Email: [asauvie@cleary.edu](mailto:asauvie@cleary.edu)