

# DELTA STATE UNIVERSITY

## Career Services

### FALL 2010 – SPRING 2011 TEACHER RECRUITMENT DAYS REGISTRATION FORM

Please complete and fax to (662) 846-4680, or mail to Career Services, P.O. Box 3174, Cleveland, MS 38733.

(You may also complete the registration on-line at <http://careerservices.deltastate.edu> For more information, contact Christy Montesi at 662-846-4646.)

<b>Organization:</b>	_____		
<b>Contact Person:</b>	_____	<b>Title:</b>	_____
<b>Mailing Address:</b>	_____		<b>E-mail:</b>
<b>City/State/Zip:</b>	_____	<b>Website:</b>	_____
<b>Phone #:</b>	(     ) _____	<b>Fax #:</b>	(     ) _____

TRD Gold Sponsor Options*:	TRD Silver Sponsor Options*:	TRD Exhibitor Fee Options:
<p style="text-align: center; font-size: small;">*Includes Registration Fee</p> <p>_____ <b>\$200 BOTH Events</b></p> <p>_____ <b>\$125 ONE Event</b></p> <p>Select event(s):</p> <p>_____ Fall Teacher Recruitment, 10/27</p> <p>_____ Spring Teacher Recruitment, 3/02</p>	<p style="text-align: center; font-size: small;">*Includes Registration Fee</p> <p>_____ <b>\$100 BOTH Events</b></p> <p>_____ <b>\$60 ONE Event</b></p> <p>Select event(s):</p> <p>_____ Fall Teacher Recruitment, 10/27</p> <p>_____ Spring Teacher Recruitment, 3/02</p>	<p style="text-align: center;"><b>Exhibitors:</b></p> <p style="text-align: center;"><b>Register for both teacher recruitment days now and receive a \$10 discount.</b></p> <p>Select event(s):</p> <p>_____ Fall Teacher Recruitment, 10/27, \$25</p> <p>_____ Spring Teacher Recruitment, 3/02, \$25</p>

Name(s) of Representatives Attending:	DSU Grad?	Academic Majors Requested by Organization:
1. _____	___ Yes ___ No	_____
2. _____	___ Yes ___ No	_____
3. _____	___ Yes ___ No	_____

**Are internship opportunities available for DSU students in your organization?** \_\_\_ Yes \_\_\_ No

**Do you need electricity for your display?** \_\_\_ Yes \_\_\_ No

*Please make checks payable to Delta State University or you may pay by credit card. **This fee is non-refundable.***

Name as printed on credit card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\_\_\_ MasterCard \_\_\_ Visa    \_\_\_ 3 digit Verification Code\*\*    Account #: \_\_\_\_\_

\*\* 3 digit number on back of card above signature.

Card billing address: \_\_\_\_\_

I affirm that the above organization is an equal opportunity employer, offering employment without regard to race, color, religion, national origin, sex, age, disability or veteran status.

Signature \_\_\_\_\_ Date \_\_\_\_\_