SCHOOL DISTRICT REGISTRATION FORM

School District: ________________________________________________________________

Contact Person: ________________________________________________________________

Street Address: __________________________________________________________________

City: ___________________________ State: _______ Zip_____________________

Phone: ______________________ Fax: ______________________ E-mail:____________________

Website: ____________________________

Registration fee includes one lunch ticket, one parking pass and one 6-foot table... $ 75.00

_____ additional recruiter(s) will be attending @ $15.00/person (lunch costs) ..... $________

Additional table at $15.00 ................................................................. $ _______

☐ Additional Parking Passes (one is provided with registration) $3.00 per pass ..........$_______

Total amount due $________

☐ Access to an electrical outlet. (Organizations must provide their own extension cords.)

☐ Table cloth.

Please make your check payable to “Colorado Mesa University”

OR pay by credit card by completing the following information:

Credit Card: ☐ MasterCard ☐ Visa ☐ Discover ☐ American Express

Card # ___________________________ Expiration Date __________________

Name on card ____________________________________________________________

Signature ________________________________________________________________ Date __________

Address for credit card (street) _____________________________________________

City ___________________________ State ________ Zip __________________

Total number of interviewers attending: _______ Name(s) of interviewers _________________________