



# Fall 2009 Teacher Fair Registration Form

## Wednesday, Oct. 28, 2009, 9:30 a.m.–2:30 p.m.

Counseling and Career Services • Phone: 575-562-2211 • Fax: 575-562-2215 • E-mail: [nikie.bonner@enmu.edu](mailto:nikie.bonner@enmu.edu)

[www.enmu.edu](http://www.enmu.edu)

(Type or print all information in ink.)

### School Information

School name: \_\_\_\_\_ Contact person: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State ZIP

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Fields desired: \_\_\_\_\_

### Display Requirements/Requests

Will you need an electrical outlet for your display?  Yes  No

Will you need any additional information on any of the following accommodations?

Area lodging?  Yes  No

Area dining?  Yes  No

Directions to/from airport?  Yes  No

Are you interested in interviewing candidates outside of the fields listed above?  Yes  No

When would those hired begin work? \_\_\_\_\_

Name(s) and title(s) of recruiters attending: \_\_\_\_\_

Please specify any changes you would like in your schedule by Oct. 19, 2009:

Arriving later than 9:30 a.m. MST  Yes  No If yes, what time? \_\_\_\_\_

Leaving earlier than 2:30 p.m. MST  Yes  No If yes, what time? \_\_\_\_\_

Other requests: \_\_\_\_\_

### Registration Fees and Methods of Payment

**Registration Fee: \$30 (Payment is due before the program.)**

Will you be joining us at the catered lunch event for \$7.50 per person?  Yes  No **How many?** \_\_\_\_\_ **Total:** \_\_\_\_\_

Total amount due: \$ \_\_\_\_\_  Check # \_\_\_\_\_  Bill my organization. Attn: \_\_\_\_\_

Charge to:  AmEx  Discover  MC  Visa Expiration date: \_\_\_\_\_  
Month Year

Card number \_\_\_\_\_

Cardholder's name \_\_\_\_\_

### Compliance

Please note: Your signature on this form assures Eastern New Mexico University that representatives of your organization understand the content and implications of the Civil Rights Act, Americans with Disabilities Act, and other relative regulations concerning the Equal Employment Opportunity Act, and the Family Educational Rights and Privacy Act concerning access to student personnel information.

Authorized signature: \_\_\_\_\_

Title: \_\_\_\_\_

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### For Office Use Only

Payment received:  Y  N Initial: \_\_\_\_\_ Number of meals purchased: \_\_\_\_\_ Initial: \_\_\_\_\_

Reservation confirmation memo sent:  Y  N Initial: \_\_\_\_\_ Billing statement sent:  Y  N Initial: \_\_\_\_\_