

Nova Scotia Agricultural College Career Fair '11

REGISTRATION FORM

COMPANY/DEPARTMENT/AGENCY NAME:

WE PLAN TO ATTEND

WE WILL NOT BE ATTENDING

COMMENTS: (may we invite you another time, i.e. does the timing conflict with a company function, etc.)

CONTACT PERSON: _____

TITLE: _____

TELEPHONE: _____

FAX NUMBER: _____

EMAIL ADDRESS: _____

ADDRESS: _____

POSTAL CODE: _____

DO YOU WISH TO HAVE A SIGN FOR THE BACK OF YOUR BOOTH? ___ YES ___ NO
(you will not need one if you are bringing your own display and signs, etc.)

HAVE YOU HAD A SIGN FROM US IN THE PAST? ___ YES ___ NO

HOW SHOULD THE ORGANIZATION'S NAME APPEAR ON THE SIGN?

NAME(S) OF ORGANIZATION'S REPRESENTATIVE(S) WHO WILL BE ATTENDING THE CAREER FAIR.

NAME: _____ TITLE: _____

(If names are not available at the present time, please forward when they are)

SPECIAL REQUESTS (electrical, Internet, etc.):

DATE: _____

SIGNATURE: _____

PLEASE RETURN TO:

Rebecca Veenhuis, Career Fair Coordinator
NSAC Career Services
P.O. Box 550
Truro, Nova Scotia
B2N 5E3

Telephone: 902-893-4420
Fax: 902-895-4547

Email: rveenhuis@nsac.ca

FOR OFFICE USE ONLY

COMPANY/DEPARTMENT _____

REPLY RECEIVED _____

REQUESTS FOR

SIGNS _____

ELECTRICAL OUTLET _____

INTERNET ACCESS _____

RECRUIT/INTERVIEW _____

TOURS OF CAMPUS _____

CONFIRMATION PACKAGE SENT _____

BOOTH LOCATION _____

DESCRIPTION/LOGO RECEIVED _____

FOLLOW-UP LETTER SENT _____

EVALUATION RECEIVED _____

IF USING INTERVIEW FACILITIES

IF RECRUITING

- INTERVIEW ROOM BOOKED
- NOTICES POSTED
- RESUMES SENT
- INTERVIEW SCHEDULED
- APPLICANTS NOTIFIED

- ASSIGNED A TIME SLOT?

TIME: _____