



# UNIVERSITY OF GUAM

## UNIBETSEDÁT GUAHAN



### JOB FAIR Registration Form

To participate in Job Fair, return this completed form to:

**Sallie L.T. McDonald, Program Coordinator IV**  
**Enrollment Management and Student Success**  
**Career Development Office**  
**University of Guam**  
**303 University Drive, UOG Station, Mangilao, Guam 96913**  
**Tel: (671) 735-2233 Fax: (671) 734-2442**  
**Email: [salliemcd@triton.uog.edu](mailto:salliemcd@triton.uog.edu) or [career.development@triton.uog.edu](mailto:career.development@triton.uog.edu)**

Name of Organization: \_\_\_\_\_

Brief Description: \_\_\_\_\_

**Registration Fee: \$50.** Provided is one table and two chairs (as applicable). **Payment required by Monday, April 23, 2018.** Note: Please specify any special needs such as electrical outlet. Extension cords are the responsibility of the vendor to provide.

Contact name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Postal/Code/Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

**Raffle Donation: (Optional)**

Yes Item: \_\_\_\_\_  Not at this time

**SURVEY: Would you be interested in participating in the next Career / Job Fair?**

Yes  Maybe  No

Comments: \_\_\_\_\_

## JOB FAIR Registration Payment Form

### Arrangements

- **Registration** deadline is **Wednesday April 18, 2018** in order to reserve space.
- **Payment** must be received by **Monday, April 23, 2018**.

### Payment Information

Space Fee: \$50.00

Payment Method:

- Cash       Purchase Order (Govt) # \_\_\_\_\_  Online Payment

Check: Please make all checks payable to **University of Guam**

Mail or Hand-delivered to:

**Sallie L.T. McDonald**

**Enrollment Management and Student Success**

**Career Development Office**

**303 University Drive, UOG Station, Mangilao, Guam 96913**

**Deposit to Account #: 28-00-500018-0-4401040**

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**For Internal Use Only: SP 2018 Career Fair Request for Space**

### Contact Information

Contact Name(s): \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Postal Code/Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Receipt / Invoice Number: \_\_\_\_\_