HEALTH CAREERS JOB FAIR REGISTRATION FORM

School of Health Professions 8450 E Campus Circle Dr. Berrien Springs, MI 49104-0190 Phone: 269-471-6651

Fax: 269-471-6292

☐ Yes, we will be able to atte		□ No, we will not be able to attend (but please keep our name on the mailing list for next year		
Organization/Company Name				
Street/P.O. Box	City	State	Zip	
Phone Number	Fax Number	E-mail Add	E-mail Address	
Representative(s) Attending:				
Name (please type or print)	Title	E-mail Add	E-mail Address	
Name (please type or print)	Title	E-mail Address		
We will need a: ☐ Table near an electrical ☐ Table Cloth/Covering; H				
☐ We have a booth display/backdro	op that exceeds 48 inche	s in height.		
Please make your \$150.00 check (no address above.	on-refundable) payable t	Andrews University	and mail them to the	
Majors you are particularly interes	ted in: (Please check a	all that apply)		
 □ Medical Laboratory Scie □ Nursing □ Nutrition Science/Dieteti □ Physical Therapy □ Speech-Language Patho □ Social Work 	ics	Other - please specify (e.g.: Communication/ Public Relations; Chaplaincy; Business)		
Which of the following positions as Full-time position Part-time position Interpship/Co-op	re you seeking to fill?	(Please check all that	apply)	