

REGISTRATION FORM
UW-La Crosse Health Professions Employment Fair
Tuesday, April 4, 2017
1:00 pm – 4:00 pm

Facility Name: _____

Mailing Address: _____

Contact Name: _____

E-mail Address: _____

Fax: _____

Type of Facility Acute Care Hospital Outpatient Clinic
 Skilled Nursing Facility Rehabilitation Hospital
Other _____

I am interested in critiquing student resumes yes no

I am interested in performing mock interviews yes no

Will you require an electrical outlet? yes no

Registration Fee: \$275 - includes one 2' x 6' table with tablecloth, internet access, one parking pass, one box lunch and refreshments

Registration fee \$275

Additional lunch vouchers @ \$8.00 each: _____

Additional parking passes @\$10.00 each: _____

TOTAL: _____

Payment Options:

1) Checks or money orders:

Payable to: “UW-L PT Student Professional Development Fund”.

Mail to: Pete Amann
UW-L Health Professions
4033 Health Science Center
La Crosse, WI 54601

2) Online payment:

Visit <https://foundation.uwlax.edu/giving/gift-designation.php>
Under “Gift Designation” please select “Other”, type “UW-L PT Student Professional Student Development Fund” in the “Note (Optional) field, and \$275 in the “Amount” field.

** You must still forward a completed copy of this form to UW-L Health Professions in order to complete your registration for the event.*

Cancellation and Refund Policy:

Those cancelling prior to March 1 will be provided a full refund. Those cancelling after March 1 will not receive a refund.

Questions may be directed to Pete Amann at pamann@uwlax.edu

Please provide a brief description of your organization to be included in the program that will be given to all students:



Please fax completed registration form to 608-785-8460 Attention: Pete Amann
Or email completed form as an attachment to pamann@uwlax.edu