

JOHNS HOPKINS MEDICAL INSTITUTIONS BIOMEDICAL CAREER FAIR
MONDAY, MARCH 1, 2010
10 AM – 2 PM
REGISTRATION FORM

The following information will be made available to attendees.

EMPLOYER INFORMATION

Organization _____ Division _____

Street Address _____ City _____

State _____ Zip _____ Phone (____) _____ Fax (____) _____

Email Address _____

Contact Person(s) _____ Title _____

Representatives who will attend the Career Fair:

Name _____ Title _____ Phone (____) _____

Name _____ Title _____ Phone (____) _____

Name _____ Title _____ Phone (____) _____

Registration fee: \$250 payable by check or credit card
\$50 early registration discount (payment must be received before Friday, December 18, 2009)
\$50 discount for nonprofit or government organization
Make check payable to: *Johns Hopkins University*.

No registration will be accepted after Friday, February 19, 2010. Until we receive your check, your registration is NOT confirmed and a space cannot be held. Once we have received your payment, the Professional Development Office will confirm via email and send travel and hotel information.

Registration Fee Includes: 8 foot table, tablecloth and lunch. If you need electrical service or have other special needs, please notify our office. Company representatives are invited to begin set-up of their displays at 9:00 AM. If you wish to ship materials in advance, please ship to:

**JHMI Professional Development Office
1830 E. Monument Street, Suite 2-107
Baltimore, Maryland 21287
Attention: Michele Canter**

EQUAL OPPORTUNITY AFFIRMATION

_____ (name of organization) hereby affirms that it is an Equal Opportunity Employer, offering employment with regard to race, color, religion, sex, sexual orientation, national or ethnic origin, age, disability, citizenship unless legally required, or veteran status.

Name (print) _____ Date _____

Signature _____ Title _____

RETURN THIS REGISTRATION FORM AND A CHECK TO:

**Johns Hopkins Medical Institutions
Professional Development Office
1830 E. Monument St., Suite 2-107
Baltimore, MD 21287**

Direct any inquiries to Michele Canter or Derek Haseltine (410) 502-2804; Fax: (410) 614-3386; E-mail: jhmipdo@jhmi.edu

Credit Card Payment (Print Clearly)

Type of card (Circle one) : Visa American Express Master Card
Credit Card #: _____ Expiration Date: ____/____/____ Amount: \$ _____
Name on card: _____ Signature: _____
Billing Address: _____
Email address of cardholder: _____