

# 2018 Annual Health Care Industry Summit

New Jersey Health Care Talent Network

Event Date: April 11, 2018

## Job Fair Registration Form

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

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Website: \_\_\_\_\_

**List of Company Representatives** (Please list the names and titles of company representatives attending the Health Care Job Fair)

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_

2. Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Our Organization would like to:**

- Be provided table clothes
- Have an extra chair (for on-the-spot interviewing purposes)

**What information will be provided or displayed? Will you be conducting on-the-spot interviewing?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please complete this registration form and email it to [ssingh89@smlr.rutgers.edu](mailto:ssingh89@smlr.rutgers.edu). Registration form **must** be received by **Friday, March 16, 2018**.

For more information about the 2018 Annual Health Care Industry Summit visit: [bit.ly/hctnsummit2018](http://bit.ly/hctnsummit2018)

Prior to the event, you will receive a confirmation of your registration. This notice will include a map and table number you are assigned to. **Please note that tables will only be allowed to start setting-up at 1:15 PM**; however, we encourage you to join us all day to attend the activities planned before the Job Fair opens.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_