



Graduate School Information Day

Registration Form

Wednesday, October 21, 2009 • 10:00 am – 2:00 pm • MLK, Jr. Union-Grand Ballroom

College or University: _____

Address: _____

City: _____ State: _____ Zip: _____

Web Address: _____

Contact Person: _____ Title: _____

Email: _____ Phone: _____ Fax: _____

Representatives Attending

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Special Accommodations

Yes, we need electrical access.

Yes, we have a large floor display. Size of display: _____

Yes, we have a large tabletop display. Size of display: _____

Program Areas for your institution: _____

Geographic Areas: _____

Registration Fees:

Includes 8' table, parking, refreshments and lunch for **one representative**. Fees are non-refundable.

\$55 before August 1, 2009

\$10 each additional representative

\$65 after August 1, 2009

\$10 each additional representative

Payment Method:

Check mailed (made payable to Eastern Illinois University, FEIN #37-601-3590)

Credit Card MasterCard Visa

Card Number: _____ Expiration Date: _____

Please bill to the address on the reverse side

Please complete and mail to:

**Eastern Illinois University
Career Services
600 Lincoln Avenue
Charleston, IL 61920**