

CUT OFF DATE: July 6th, 2018

Employer Registration Form

Saturday, July 14th - 10-2PM Teamsters Local 170 330 Southwest cutoff, RTE. 20 Worcester, MA 01607

Employer Name			
Contact Person	Title		
Name & Title of Representativ	ve at Job Fair		
Address			
E-Mail	Phone	Fax	
 Free Registration Includes: A table with a cloth and ch A marketing effort including 	nair ng your organization's participat	ion	
List current/future job opeSpecify if providing own ta	s cards or any other promotional	□ Yes	erial No
 Have your organization's r 	pany agrees to: representative arrive at 8:30 a.m	. for set-up	
	Il Cardello at 603-770-5336 emai www.ipodsforwoundedveterans.org	_	ail.com
Signature		Date	