

2012 Careers Fair

Expression of Interest to Exhibit

Company Details

Company Name (to be used on fascia board): _____

Contact Person: _____ Position: _____

Phone: _____ Fax: _____ Mobile: _____

Email: _____

Postal Address: _____

Company Profile

Please provide a **brief** (50 words max) description of your company and/or employment opportunities available for students. This information will be used for event promotional materials. To use your description from last year, write 'as per 2010' (if the description was more than 50 words please amend and write below or attach to form).

Indicate Disciplines You Are Targeting

- | | |
|--|--|
| <input type="checkbox"/> Accounting and Finance | <input type="checkbox"/> Health & Nursing |
| <input type="checkbox"/> Art & Design / Graphic Design | <input type="checkbox"/> Humanities / Psychology |
| <input type="checkbox"/> Business / Commerce | <input type="checkbox"/> Indigenous Studies |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> Education | <input type="checkbox"/> Law |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Music |
| <input type="checkbox"/> Environmental Science | <input type="checkbox"/> Science |
| <input type="checkbox"/> Exercise & Sport Science | <input type="checkbox"/> Social Work |

Will you have employment opportunities for International students: **YES / NO**

Exhibitor Requirements

One Expo booth @ \$420

If available, an additional Expo booth @ \$420
Please note we have limited spaces and an additional booth may not be possible.

Payment

Please invoice me for the amount of \$ _____

Please find attached a cheque for the amount of \$ _____

Please make all cheques payable to Charles Darwin University

Exhibitor Passes

Please list the full names of all staff that will be working on your site:

1. _____

2. _____

3. _____

Please note that catering will only be provided for a maximum of 3 attendees

Public Liability Insurance

Please list your public liability insurance details below (this field is mandatory):

Insurance Company: _____

Policy Number: _____

Amount of Cover: \$ _____

Authorisation & Signature of Company Representative

We accept that as a condition of exhibiting at this event, that:

1. Our company information can be used in any promotional materials related to this event;
2. We agree to exhibit for the whole duration of the event, from 10.30am to 2.30pm.
3. We agree to pay the registration fee within 30 days of receipt of invoice.

Signature: _____

Date: __/__/__

Please return completed form by Thursday 1st March 2012
Attention: Liz Hendry
Office of Student Administration & Equity Services
Careers & Employment, Charles Darwin University, NT 0909
Fax: (08) 8946 6654 OR Email: careers@cdu.edu.au