APS Young Scientist Job Fair EMPLOYER REGISTRATION FORM

(This form may be reproduced)

Name:	Phone:	
Company:	FAX:	
Address:		
Description	Position Title:	
•	Position Title:	
of Position	Starting Date/Availability:	
	Job Location:	
	Job Description:	
	Additional Job Description/Advertisement Attached? YES [] NO [
Professional	Academic Qualifications:	
Qualifications	Additional Experience:	
Desired	Specific Areas of Expertise Desired:	
(Optional)		
Additional	Please provide any additional information you believe to be relevant:	
Information		
(Optional)		
Contact at		
Symposium		
Please note that this	loyer or Employer Representative Authorization Signature is form will be made available to registered Job Candidates on a nonconficulty of Fair Staff are authorized to reproduce this form as deemed necessary for	
I understand and	d authorize this form for the purposes stated above.	
Employer Representative Signature Date		