

## College of Pharmacy Career Days Silver Sponsor Form

Company Name: \_\_\_\_\_

Lead Representative *attending Career Days*: \_\_\_\_\_

Type of Pharmacy (Retail, Hospital, Specialty, Etc.): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

- |   |   |
|---|---|
| <p><input type="checkbox"/> <b>Multiple Sites (up to 4 sites): \$1,500</b><br/><i>Interviews will be 20 min; print the number of simultaneous interview schedules desired (1 guaranteed, 3 maximum based on availability)</i></p> <p># ____ Gainesville – January 15, 2010<br/># ____ Jacksonville – January 22, 2010<br/># ____ St. Petersburg – February 5, 2010<br/># ____ Orlando – February 12, 2010</p> | <p><input type="checkbox"/> <b>One site (one site only): \$800</b><br/><i>Interviews will be 20 min; print the number of simultaneous interview schedules desired (1 guaranteed, 3 maximum based on availability)</i></p> <p># ____ Gainesville – January 15, 2010<br/># ____ Jacksonville – January 22, 2010<br/># ____ St. Petersburg – February 5, 2010<br/># ____ Orlando – February 12, 2010</p> |
|---|---|

**What class years would you like to interview:**     1st     2nd     3rd     4th     All

**Exhibitor participants are permitted to bring up to 4 representatives #** \_\_\_\_\_ Total Number of company representatives (include interviewers and representatives at exhibition table)

*\*\* Note: All interviews will be 20 minutes in length, please plan to have at least one person at each interview schedule and one person at your exhibition booth.*

**Each registration includes a 6 foot exhibition table.**

*\*Please note that you are required to bring any items needed for the table, including extension cords.*

**Payment Information:**

Amount Enclosed \$ _____	<p><input type="checkbox"/> Check (Payable to UF Foundation)</p> <p><input type="checkbox"/> Credit (Visa/MC/Discover/AMX)</p>
	Acct. # _____ Exp. _____
	Signature _____

**Please send in your registration form ASAP** for location priority or at the latest by November 18, 2009. Make arrangements to have all payments received at the College of Pharmacy by December 16, 2009 (payment not received by this date may forfeit registration). If you have any questions, please contact Darin Paine at (352) 273-6605.

**Please mail or fax your completed form to the address above.**