



**XAVIER**  
UNIVERSITY of LOUISIANA  
COLLEGE OF PHARMACY

**Xavier University of Louisiana -College of Pharmacy**  
2018 Career Fair Registration Form  
October 23-24, 2018

**Contact Information**

Last name:		First:	Title	
Email:		Phone#	Fax#	
Company Name:			Type:	
Address:				
City			State	Zipcode

**Career Fair Attendees & Events (Please indicate below your plans to attend )**

No. representatives attending career fair: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 or more			Plan to Attend Day 1 - 10/24 Career Fair?	Plan to Attend Day 2 - 10/25 Interviews?
<b>List representative who will attend the COP Career Fair below:</b>				
Last name:	First:	Title:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Last name:	First:	Title:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Last name:	First:	Title:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Last name:	First:	Title:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Last name:	First:	Title:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Last name:	First:	Title:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Last name:	First:	Title:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Last name:	First:	Title:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Last name:	First:	Title:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please ensure that the **number** of representative attending the fair match the number of registered representatives.

**Registration Fees**

The base registration fee is \$1,000 which includes: <ul style="list-style-type: none"> <li>• One (1) booth</li> <li>• Meals for two (2) representatives (i.e. breakfast &amp; lunch, beverages)</li> </ul>		<b>\$ 1,000.00</b>
Additional Booths requested: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> _____ Additional Booth(s) @ \$500.00 per booth - \$500 x _____(qty.) =	Fee \$500	Qty X = \$
Additional Meal Ticket: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> _____ Additional Meal Ticket(s) @ \$40 each - \$40 x _____(qty.) =	Fee \$40	Qty X = \$
<b>TOTAL</b>		<b>\$</b>

**Method of Payment**

<input type="checkbox"/> Check	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover
Amount enclosed or to be charged \$	Credit Card Number	Expiration Date:	CVV Code:	
Print Name on Credit Card	Signature	Date		

*Your reservation will be confirmed via email upon receipt of a signed registration form. Signing also indicates that you will be responsible for charges designated above. Fees are Non-Refundable. Tax ID: 72-0635884*

**Please return this form to the following address by September 28, 2018. Form may be mailed, emailed or Faxed to:**  
 Xavier University of Louisiana College of Pharmacy  
 ATTN: COP Career Fair  
 1 Drexel Drive, New Orleans, LA 70125

Contact us:  
**Office: 504-520-5398      Email: COPcareerfair@xula.edu      Fax: 504-520-7977**