

2016 Practice Opportunity Fairs Registration Form

PLEASE RETURN COMPLETED FORMS

BY E-MAIL TO [Daniel Dorsey](mailto:daniel.dorsey@gbpw.org) OR FAX TO 404-656-2596

Facility/Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County*: _____

If your facility have multiple locations in Georgia, please list all **counties.*

Contact Person: _____

Attending Representatives: _____

Phone: _____ Fax: _____

Email: _____

Specialties Recruiting: _____

Position(s) Start Date: _____

Will you need electricity for your display? Yes No

Please select all fairs for which you desire to register:

Navicent (Macon) **September 21st 11a-2p**

Memorial (Savannah) **October 6th 11a-2p**

MCG at AU (Augusta) **October 26th 11a-2p**

Please attach no more than a half page description of your organization/facility, community, or positions that you would like featured in your exhibitor profile