

2009 PROGRAM FAIR REGISTRATION FORM

Wednesday, March 4th; 3:00 pm to 6:00 pm
Fireplace Lounge; Living/Learning Center

Program Name: _____

**Who will be the CONTACT PERSON in charge of coordinating Fair activities
for your Program?**

Name: _____

Address: _____

Phone: _____

Email: _____

Will your display require:

_____ Small Round Table

_____ Half of a Long (8') Table

_____ Electricity

_____ Wall Space

_____ Audio-Visual Materials (*Program Directors are responsible for
obtaining these through Media Services—x61944*)

_____ Supplies (white poster board, roll paper, stencils, markers etc.)

Please describe in detail what you will need:

**Check below if you (or other PDs) will be available and are willing to help
with either:**

_____ Event setup (1:30 – 2:30 PM)

Name: _____

_____ Event cleanup (6:00 – 7:00 PM)

Name: _____

List any other special needs on the reverse side of this sheet.

**Please return this form to Monique Wright in the L/L Director's Office by
Friday, February 27th, 2009**

by 4:00 PM or hand in at one of the Program Director Orientation meetings.

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