

CONGRESSWOMAN MARCIA L. FUDGE

AGRICULTURE COLLEGE AND CAREER FAIR

COLLEGE & UNIVERSITY REGISTRATION FORM

Mail forms to: 4834 Richmond Road
Suite 150, Warrensville Heights, OH 44128
ARIELLA.BROWN@MAIL.HOUSE.GOV OR FAX: 216-522-4908

EMPLOYER INFORMATION:

*REQUIRED FIELDS

*Organization: _____

Division/Department: _____

Website: _____

*Industry: _____

*Organization Description: _____

*What types of Agricultural Programs are available:

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Undergraduate Programs | <input type="checkbox"/> Internships |
| <input type="checkbox"/> Part-time | <input type="checkbox"/> Graduate Programs | <input type="checkbox"/> Apprenticeships |

How many programs are in this or these areas? _____

Available/Potential
Future careers to discuss: _____

***REPRESENTATIVES PLANNING TO ATTEND:**

*Number _____

***REPRESENTATIVE'S CONTACT INFORMATION:**

*First Name: _____

*Last Name: _____

Title: _____

Street Address 1: _____

Street Address 2: _____

*City: _____

*State, Zip: _____

*Email: _____

*Telephone: _____

Will you need access to WiFi, electrical outlets, etc.? Please specify:

Are you aware of any Scholarships available to students?

Yes No

If yes, please provide information below:

Cancellation Policy:

To cancel your registration, please email: Ariella.Brown@mail.house.gov

I Plan to attend I cannot attend at this time please contact me in the future

I do not plan to attend please remove me from any future lists

-IF YOU HAVE COMPLETED THIS FORM ELECTRONICALLY, PLEASE PRINT THIS PAGE FOR YOUR RECORDS-