



**2007 Fall Career Fair Registration Form
WEDNESDAY, October 10, 2007**

Company Name

COMPANY REPRESENTATIVE	TITLE	IF MMA ALUM year of graduation

Company Contact information

PRIMARY CONTACT for career Fair	TITLE	PHONE/FAX	EMAIL
ADDRESS		COMPANY WEBSITE	

Please indicate whether your company would like to interview cadets on
Thursday, October 11, 2007. YES ___ NO ___

Career Fair Registration Fee: \$200.00 Please mail, fax, or email this form and payment to: Massachusetts Maritime Academy Career Services, 101 Academy Drive, Buzzards Bay, MA 02532 Fax # 508-830-6405., Please make check payable to Massachusetts Maritime Academy/Career Fair 2007. Master or Visa Credit cards are also accepted. Credit Card # _____ Expiration Date _____

FOR MORE INFORMATION PLEASE CONTACT MARY MULGREW AT mmulgrew@maritime.edu or 508-830-6410.