



**SHOSHONE-BANNOCK TRIBES**



## Employers Registration Form

Company Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: \_\_ (\_\_\_\_) \_\_\_\_\_ Mobile: \_\_ (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

How many persons attending? \_\_\_\_\_ (Max 2 or \$25.00 charge for additional persons)

Attendee #1 \_\_\_\_\_ Attendee #2 \_\_\_\_\_

**Sponsor fee \$400.00 or Vendor table fee of \$150.00. Please provide method of payment below.**

**Pay at event**      Check/Money Order      Cash      Credit Card

**Register Online:** [www.sbtribes.com/job-fair](http://www.sbtribes.com/job-fair) (No Walk-Ins)

**Pay by phone:** call Accounts Receivable at (208) 478-3743

**Payments can be mailed to:**

Shoshone- Bannock Tribes  
Vocational Rehabilitation Program  
PO Box 306  
Fort Hall, ID 83203

**Special Accommodations:**

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