

Employers Registration

<mark>Please Print</mark>

Company Name:				_	
First Name:		Last Name	e:		
Phone:					
Address:					
City		State	Zip/Postal		
Email:					
How many persons attendin	g?	(Max	3 or \$25.00 charge	e for additional persons)	
Attendee #1	dee #1Attendee #2				
Attendee #3					
Sponsor fee \$500.00 or Vene	dor table fee o	of \$200.00. Pl	ease provide meth	od of payment below.	
Pay at event: Check/M	oney Order	Cash	Credit Card	Non-profit Register	
Online: www.sbtribes.com/j	ob-fair (No Walk-Ins)			
Pay by phone: call Accounts	s Receivable a	t (208) 478-3°	743		
Payments can be mailed to	Shoshone- I	Bannock Tribe	es		
	Vocational Rehabilitation Program				
	PO Box 306				
	Fort Hall, II	Fort Hall, ID 83203			
Special Accommodations:					