



International Careers Consortium

2010 ANNUAL CONFERENCE REGISTRATION FORM

Please print or type and complete one form per person. Registration confirmation will be sent by email.

First Name: _____ Last/Family Name: _____

Title: _____

Name as it should appear on your nametag: _____

Institution/Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Fax Number: _____

Email Address: _____

May we print your name and affiliation on a list of conference attendees? Yes No

May we add you to our mailing list? Yes No

Please check here if you are a Presenter or Chair for a session.

Presenter Session Chair

Indicate your primary area of interest:

Career Services Education Abroad (EA) International Student and Scholar Services (ISSS)

Other _____

Miscellaneous

Do you have any dietary or special needs? Please be specific.

Payment - Checks Only. *Registration fee includes parking, continental breakfast, and a light lunch.*

Conference Fee: **\$75.00**

Amount Enclosed: _____ Check #: _____

Registration Deadline: April 7, 2010

ICC Tax ID #: **TIN 04-3055689**

Payment/Cancellation/Refunds

- Checks should be made payable to **ICC**.
- We **do not accept credit cards or purchase orders**, and we cannot bill for registration fees.
- Mail check and registration form to:

**Peter Crudele, Director, Career Services
Harvard School Public Health
677 Huntington Avenue, Boston, MA 02115**

- Questions regarding registration call **(617) 432-1719**.
- No refunds will be made for cancellations.