

**University of Florida - College of Health and Human Performance
Internship Fair Registration Form
February 1, 2012**

Contact Name _____
Job Title _____
Company Name _____
Address _____
City _____ State _____ Zip Code _____
Phone Number _____ Fax Number _____
Email Address _____ Website _____

Please provide a description of the internship position you are looking to fill.

Based on the descriptions, select the majors you will consider for your internship:

- Applied Physiology & Kinesiology Athletic Training Health Education & Behavior
 Recreation, Parks, & Tourism Sport Management

Name(s) of Representatives Attending: _____

Equipment Needed (table provided): _____

Are you interested in setting up on-campus interviews with students? Yes No

Are you a UF graduate? Yes No

Are you an HHP graduate? Yes No

Payment Type:

- Check Money Order Invoice

Company Registration Fee:

Early- \$30 by December 2

Regular - \$50 January 6

Late- \$60 by January 23

Tabling without Representatives- \$25

Check Payable To:
UF Foundation

Return Form By Mail To:
Janice Douglas
janiced@hhp.ufl.edu
or FAX to 352-392-3186