

CLAFLIN UNIVERSITY

DIVISION OF STUDENT DEVELOPMENT AND SERVICES
OFFICE OF CAREER DEVELOPMENT (CORSON HALL)
400 MAGNOLIA STREET, ORANGEBURG, SC 29115
TELEPHONE: 803.535.5333 | FAX: 803.535.5379

GRADUATE AND PROFESSIONAL SCHOOL

VISITATION DAY 2017

THURSDAY, OCTOBER 19, 2017 | 9:00 AM - 12:00 PM

REGISTER BEFORE SEPTEMBER 1, 2017 FOR ONLY \$200!

UNIVERSITY/COLLEGE INFORMATION/CONTACT PERSON

Contact Name _____ e-mail _____ Telephone _____
University /College Name _____
Address _____ City _____ State _____ Zip Code _____

ATTENDEES

We will attend **Clafin University's Graduate and Professional School Visitation Day, Thursday, October 19, 2017.**
The representatives will be:

Name _____ Title _____
Telephone Number (____) _____ - _____ Fax Number (____) _____ - _____
Email Address _____

Name _____ Title _____
Telephone Number (____) _____ - _____ Fax Number (____) _____ - _____
Email Address _____

Event Confirmation: Sent via Email

Registered attendees of the Graduate and Professional School Visitation Day 2017 will receive an email on or before **Thursday, October 5, 2017**, with the program's logistics and directions to Clafin University.

ADDITIONAL RECRUITMENT OPPORTUNITIES

Please select each program your college/university offers:

On-Campus Information Sessions and/or Interviews _____ [preferred date/time]
Graduate/Professional School Campus Visitation Program/Tours _____ [preferred date/time]
Other Recruitment Events/Program(s): [specify] _____
Program Contact Person (s) _____
Email Address _____ Telephone Number _____

FEES AND PAYMENT OPTIONS

FEES **Register on or before September 1, 2017 for \$200.**

Registration Fee \$225 (includes lunch for 2 attendees); if three (3) or more representatives: \$30 per each additional person.

PAYMENT OPTIONS

Check Enclosed (*Payable to Clafin University – Office of Career Development; Federal Tax ID#: 57-0314374*)

Credit Card** (select the card type): Discover ___ Master Card ___ Visa ___ (Not Accepted: American Express)

Name on Card _____ Mailing Address _____

Card # _____ - _____ - _____ - _____ Expiration Date (MM/YYYY) _____ Security Code _____

Telephone Number of Authorized Cardholder () _____ - _____ ****Note: A follow-up call will be made upon receipt.**

No refunds will be made; however, substitutions can be made at any time.

*****Please complete and return the registration by email (snichols@clafin.edu) or fax (803-535-5379). *****

Payment Mailing Address:

Ms. Shirley S. Nichols
Office of Career Development (Corson Hall)
Clafin University
400 Magnolia Street, Orangeburg, SC 29115

If you have questions, please contact Ms. Shirley S. Nichols [snichols@clafin.edu]; (803) 535-5631 or (803) 535-5333.