



2010 NATIONAL VETERANS JOB EXPO

REGISTRATION and INVOICE

The 2010 NATIONAL VETERANS JOB EXPO will be held on *Thursday, October 28, 2010, from 1 to 4 p.m.* at the Eisenhart Auditorium of the Rochester Museum & Science Center, 657 East Avenue, Rochester, NY.

- ★ Set up time is 12:00 – 1:00 p.m.
- ★ Reservations include one table (minimum 6') with chairs and table covering.
- ★ *If you require* wall space, an electrical outlet, or larger or extra table, please indicate below.
- ★ The reservation fee is \$40.00, payable in advance.

Consider the advantages of participating in this event:

- ★ Your organization will be actively supporting the ONLY employment recruitment event in Monroe County that exclusively targets area veterans, and the LARGEST veterans' job fair in Upstate New York.
- ★ You will be providing direct assistance to those who have served our community and country.
- ★ Your organization will be sending a clear message to the community that you support hiring vets!
- ★ You acknowledge the advantages of hiring vets (maturity, skill, experience, reliability, discipline, loyalty).
- ★ You help to demonstrate active compliance with federal contractor Affirmative Action hiring obligations.

PARKING:

Pull up at the front door of the Eisenhart Auditorium to unload. If parking is not available, please park at the Lutheran Church of the Incarnate Word, corner of East Ave. and S. Goodman St., directly across the street from the RMSC parking lot. Shuttle service will be available to bring you to and from the Eisenhart Auditorium.

THIS IS YOUR INVOICE. Please send payment (checks payable to Veterans Outreach Center, Inc.) with the reservation form below to:

VETERANS OUTREACH CENTER, INC.
ATTN: 2010 National Veterans Job Expo
457 South Avenue, Rochester, New York 14620-1020

For credit card payments, please call us at 585-546-4250.

Need more information? Contact Nena Siverd, Nancy Strong, or Deborah Ward at (585) 546-4250.

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Company / Organization: _____

Address: _____ ZIP: _____

Phone: _____ Fax: _____ E-Mail: _____

Contact Person: _____ Number of Staff Attending: _____

Payment Enclosed: _____ Special Needs: _____

Signature of Authorized Representative: _____ Date: _____