



**REGISTRATION FORM**  
**QUINTE REGION CAREER AND TRAINING FAIR**

***Wednesday, October 3, 2018***  
***10:00 AM TO 5:00 PM***  
***Quinte Sports & Wellness Centre – Gymnasium***

**COMPANY NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**NAMES OF COMPANY REPRESENTATIVES ATTENDING:**

\_\_\_\_\_  
 \_\_\_\_\_

**NAMES OF POSITIONS YOUR COMPANY IS HIRING:**

\_\_\_\_\_  
 \_\_\_\_\_

**ELECTRICITY REQUESTED?** \_\_\_\_\_

**INTERNET REQUIRED?** \_\_\_\_\_

**How many positions you are hiring for:** \_\_\_\_\_ full-time \_\_\_\_\_ part-time \_\_\_\_\_ student

PLEASE FAX OR EMAIL THIS FORM TO:

QUINTE WEST, CITY HALL **613-392-2841 ext. 4421;** [kparker@quintewest.ca](mailto:kparker@quintewest.ca) or  
 BELLEVILLE CITY HALL: **613-968-7969;** [kobrienmumby@city.belleville.on.ca](mailto:kobrienmumby@city.belleville.on.ca)

***REGISTRATION DEADLINE: September 19<sup>th</sup>***

**HOURS:** CAREER FAIR HOURS WILL BE BETWEEN 10:00AM AND 5:00PM. DISPLAYS CAN BE SET UP STARTING AT 8:30AM. **PLEASE BE FULLY SET UP BY 9:45AM.** **ALL EXHIBITORS ATTENDING MUST BE ABLE TO COMMIT TO THE 10-5 HOURS.**

**DISPLAY AREA:** EACH BOOTH WILL BE SUPPLIED WITH TWO CHAIRS, A 6' x 2.5' TABLE WITH TABLE CLOTH

**\*\*Please bring your own extension cords**

**REFRESHMENTS: COMPLIMENTARY SNACKS, REFRESHMENTS AND A LIGHT LUNCH WILL BE AVAILABLE IN OUR HOSPITALITY AREA FOR A MAXIMUM OF TWO PEOPLE PER ORGANIZATION.**

**PARKING: IS AVAILABLE ON SITE.**

**INSURANCE:** The insurance company for the City of Belleville is now requiring that each vendor at the Career fair provide a Certificate of Insurance that holds the City of Belleville harmless for this event. The certificate should be in the name of The Corporation of the City of Belleville and the certificate should indicate the name of the event "Quinte Career Fair" and the date and location of the event. Please submit all insurance certificates prior to October 2nd to Mary Boyd [mboyd@city.belleville.on.ca](mailto:mboyd@city.belleville.on.ca)

Each vendor must send the certificate of insurance to Mary Boyd by email [mboyd@city.belleville.on.ca](mailto:mboyd@city.belleville.on.ca) or by fax 613-967-3207.

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