

# CAREER Networking



## Student Registration Form

To ensure you gain as much as possible from the event, please complete the details below. This will assist us in matching you to appropriate business professionals.

Name:
Mobile Number:
Email:
Home Address:
University:
Degree:
Year of Graduation:
How did you hear about this event?
Summary of work experience: _____ _____ _____
Other relevant skills: _____ _____

Please indicate your top two categories, of business professionals; you would like to meet at the event.

- |                                      |                                           |                                              |
|--------------------------------------|-------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Financial   | <input type="checkbox"/> Property         | <input type="checkbox"/> Human Resources     |
| <input type="checkbox"/> Accounting  | <input type="checkbox"/> Marketing and PR | <input type="checkbox"/> IT & Telecoms       |
| <input type="checkbox"/> Education   | <input type="checkbox"/> Public Sector    | <input type="checkbox"/> Manufacturing       |
| <input type="checkbox"/> Retail      | <input type="checkbox"/> Not for Profit   | <input type="checkbox"/> Sales               |
| <input type="checkbox"/> Legal       | <input type="checkbox"/> Hospitality      | <input type="checkbox"/> Consulting          |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Medical          | <input type="checkbox"/> Other, please state |