

SCF SPEED DATE

We kindly ask that you read this form and the registration conditions very carefully.

(Please complete using capitals and tick boxes when applicable)

1. COMPANY INFORMATION

Company / Institute Name: _____

Name of Director / General Manager: _____

Name of Main Contact (*undersigned*): _____

Name Speed Date participant: _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____ Website: _____

2. PREFERENCES

Organizations have to participate for at least an hour, during which about six students can ask their questions. Companies and organizations who participate can make use of a table and chairs at the fair.

For how many hours would you like to participate: _____

About which professions/industries would you like to inform students:

Date: _____ Place: _____

Signature: _____

**PLEASE FAX FORM TO: Mon Art Productions Curaçao
fax +5999 462 29 62 / +5999 869 48 69**