



Baltimore County
 Department of Economic and Workforce Development
AGENCY PARTICIPATION FORM



DATE: _____ ORGANIZATION NAME: _____
 ORGANIZATION MAILING ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 TYPE OF ORGANIZATION: _____ FEIN #: _____
 CONTACT PERSON: _____ TITLE: _____
 PHONE: _____ FAX: _____ E-MAIL: _____
 CONTACT PREFERENCE: PHONE FAX E-MAIL

AGENCY PRESENT AT EVENT AS A: PARTNER PARTICIPANT
 PRESENTATION STAFF BOOTH

AGENCY STAFF PURPOSE:
 _____ AWARDS PROGRAM _____ MOCK INTERVIEWS _____ SYMPOSIUM
 _____ CAREER/JOB FAIR _____ NETWORKING EVENT _____ OTHER (please specify):
 _____ COMMUNITY EVENT _____ ON-SITE RECRUITMENT
 _____ FOCUS GROUP _____ SEMINAR/WORKSHOP

HAVE YOU OR YOUR ORGANIZATION USED OUR SERVICES BEFORE? YES NO

HOW DID YOU LEARN OF OUR SERVICES?

IS THE MOBILE CAREER CENTER REQUESTED? YES NO
 If yes, for what purpose:

IS THERE AN ELECTRIC SUPPLY FOR THE MOBILE CAREER CENTER? YES NO

WILL STAFF HAVE ACCESS TO A BUILDING? YES NO

EVENT NAME: _____
 DATE AND TIME OF EVENT: _____ TARGET AUDIENCE: _____
 EVENT LOCATION: _____
 EVENT FORMAT:
 INSIDE OUTSIDE TENT PROVIDED TABLE AND CHAIRS PROVIDED
 EXPECTED # OF ATTENDEES: _____

FOR OFFICE USE ONLY

YOUR NAME: _____ DATE: _____ TIME: _____
 TO: BEATRICE TRIPP CARLOS MELENDEZ CYNTHIA ETHERIDGE NEISHALL SCHUYLER

ADDITIONAL NOTES AND COMMENTS: