

(Please print clearly. Please attach pertinent agency/organization information.)

Company Name: _____

Address: _____

Contact Name: _____

Title: _____

Phone: _____ Fax: _____

Email: _____

Provide a detailed description of your company and how you can expose the student to the areas of your business.

What is the primary activity that best describes your firm?

agency

list/database

publishing

association

nonprofit

telemarketing

business to business

printer

lettershop

graphic design

internet

other (please specify) _____



Mentor for a Day Employer Application

What job functions exist in your organization (check all that apply)

- account manager/client services advertising analysis communications/pr
- copywriter creative design customer service database marketing
- direct mail e-commerce fulfillment/warehouse information technology
- internet/electronic media marketing production
- product brand management project management sales/support
- telecom telemarketing list management
- other (please specify) _____

Would you be interested in having more than one student visit within a calendar year?

- Yes No

What days are you available for visits? Mon Tues Wed Thurs Fri

Release and Authorization

I hereby authorize the Direct Marketing Association of Washington Educational Foundation and its authorized representative(s), bearing this release or copy thereof, to share my information with participating students.

I understand, also, I am required to abide by all the rules and regulations of the Direct Marketing Association of Washington Educational Foundation's "Mentor for a Day Program".

Authorizing Signature (Full Name) Full Name (Printed) Date

Fax or Email completed form to Alan Rich at 301.386.4606 or alan@novalabel.com. For more info, call Alan at 301.386.4433