Inclusive Career Fair

Presented by:





Lewis County Autism Coalition

&



Economic Alliance of Lewis County

Employer Registration for Inclusive Career Fair

Where: Centralia College, TransAlta Commons (TAC)

W Pear St Centralia, WA 98531

When: Wednesday, April 25th, 2024 Presentation at 11 AM & Career Fair 12 pm - 3 pm

(FREE Coffee, Pastries, Fruit, & Confidence)

Our organization/business/company would like to (check all that apply):

☐ Learn more about inclusive hiring, including hiring people with disabilities and differences.				
☐ Recruit for current or future vacancies (pl	ease provide more information below).			
☐ Share information about the company. ☐ Other:				
Business Name:				
Mailing Address:				
Telephone:				
Email:				
Manager/Director/Leadership (name/title):				
Career Fair Contact Person (name/title/teleph	none/email):			
	cruiting for. You may also attach job listings if you nimum, include a title, job description, hours, and			
Industry Classification (please mark the cates	gory that your company should be listed as):			
☐ Transportation	□ Retail			
☐ Manufacturing ☐ Education	☐ Restaurant ☐ Industrial			
T T EQUICATION	+ + 100080120			

	☐ Government ☐ Healthcare		Other:
	Company Representatives in attended per company. Delicious snacks		-
1.	Name:	Title:	
2.	Name:	Title:	
3.	Name:	Title:	
• Photog	Companies participating in the Incluemployment presentation before the Each company will receive one rectavailable upon request. Companies will make reasonable effication companies will make reasonable efficultivating Inclusion may refuse any company or advertiser, or any of our ty Waiver: I/WE agrees to release, indemnify, a staff, volunteers, sponsors, and partrevent. graphy and Media Release: I/WE grant permission to the Lewis	e event. angular table and up to the forts to engage attendees forts to decorate their table y display considered to be partners. and hold harmless the Leveners from any liability ari	and discuss career opportunities. les and provide company materials. e detrimental to the public, another wis County Autism Coalition, its sing from my participation in the
•	record my image and voice during the I/WE understand that these recording limited to, website content, social machinity Accommodations Request: If you or a member of your team received the to a disability or other according to the event to request.	he event. legs may be used for promedia posts, and marketing quire specific accommod cessibility needs, please c	otional purposes, including but not g materials. ations to fully participate in the ontact the event organizers at least
"I hav	e read the above agreements and e	nsure that the company	will adhere to these conditions."
Name:		Title:	
Signat	ure:		

***Interested parties must complete this form and email a copy to inclusion@lcautism.org.

Registration Forms sent after April 1st will be subject to space availability.