(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

_____

_____

<u>Release and Authorization</u>

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

Email to Krista Sassaman at ksassaman@schultzwilliams.com.