



## TECHNOLOGY CENTER OF DUPAGE

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### WOULD YOU OR YOUR COMPANY LIKE TO PARTNER WITH US FOR ENRICHED WORK-BASED LEARNING EXPERIENCES FOR STUDENTS?

Your Name \_\_\_\_\_

Name of Organization \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City and Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Website Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

PLEASE ATTACH A BUSINESS CARD IF YOU HAVE ONE

Willing to Offer:

Job Shadows	_____
Unpaid Internship	_____
Paid Internships	_____
Offering Part-Time Employment	_____
Advisory Committee Membership	_____
Career Presentations in Class	_____