



PRESENTED BY:



EMORY
GOIZUETA
BUSINESS
SCHOOL

Marketing Institute



The Professional Association for Design
Atlanta Chapter

Connecting Business and Design

MAY 15 - 16, 2008

APPLICATION FORM

PERSONAL INFORMATION

NAME

JOB TITLE

DAYTIME TELEPHONE

EMAIL

PREFERRED NAME (FOR NAME TAG)

COMPANY INFORMATION

COMPANY NAME

INDUSTRY

ADDRESS

CITY / STATE / ZIP

WEBSITE

BRIEFLY DESCRIBE YOUR INTEREST IN THIS SUBJECT

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DIETARY RESTRICTIONS: VEGETARIAN OTHER (DESCRIBE)

PAYMENT: MADE ONLINE AT AIGA-ATL.ORG CHECK SENT TO EMORY MARKETING INSTITUTE

PLEASE SEND THIS FORM ALONG WITH CURRENT RESUME TO: BETTYE_NEAL@BUS.EMORY.EDU