



**EMPLOYERS REGISTRATION FORM
(FOR LOCAL)**

ORGANIZATION / HOST / SPONSOR:

DATE:

VENUE:

NAME OF COMPANY/ESTABLISHMENT	NAME OF REPRESENTATIVE	COMPLETE ADDRESS	CONTACT INFORMATION	NO. OF JOB VACANCIES
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11.				
12.				