

Professional Partnering Program
- Participation Form for Professionals -

Name: _____

Telephone: _____

E-mail: _____

Workplace: _____

1. In which types of information management settings do you have experience?
(please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Academic Library | <input type="checkbox"/> Heritage Organization |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Law Library |
| <input type="checkbox"/> Archives | <input type="checkbox"/> Medical Library |
| <input type="checkbox"/> Corporate Library | <input type="checkbox"/> Public Library |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Records Management |
| <input type="checkbox"/> Government Library | <input type="checkbox"/> School Library |

Other (please specify) _____

2. Where is your current place of employment?

- HRM
- Other (please specify) _____

Thank you for your interest in the program.

Please return this form via mail, fax, or e-mail before October 10, 2008. All information will be kept confidential and will be used only to match you with your student partner. If you have any questions, please contact the CLA Student Chapter at **student.cla@gmail.com**.

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