



BUCKY REGISTER

Please fill out form and email to:
joe@uwbucky.com

FIRST NAME	LAST NAME	EMAIL ADDRESS
HOME PHONE / FAX (if available)	CELL PHONE	BEST TIME TO CALL
STREET ADDRESS	CITY	STATE, ZIP
MAJOR	MINOR	YEAR GRADUATED
YEARS YOU WERE BUCKY?	DEGREE ATTAINED	US MILITARY SERVICE
WILLING TO VOLUNTEER?	WILLING TO OFFER CAREER ADVISE?	WILLING TO OFFER OTHER ASSISTANCE?
COMPANY YOU WORK FOR:	BUSINESS TYPE?	WEBSITE
STREET ADDRESS	CITY	STATE, ZIP
OFFICE PHONE / FAX	DO YOU OWN THE COMPANY?	DOES YOUR COMPANY OFFER INTERSHIPS?