

## 2009 Student Internship Program

### PIM Member - Company Participation

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Company Name: \_\_\_\_\_

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

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ We will participate in the 2009 Student Internship Program.

\_\_\_\_\_ We will find/hire our intern on our own.

\_\_\_\_\_ If you already have selected a student intern, please complete the following:

Student Name: \_\_\_\_\_

Name of School: \_\_\_\_\_

\_\_\_\_\_ We would like PIM to send us student applications.

**Please submit this form to:**

**Kris Davis**  
**Printing Industry of Minnesota, Inc.**  
**Rosedale Towers**  
**1700 Highway 36 W, Suite 510**  
**Roseville, MN 55113**

Phone: **651.789.5508**

Fax: **651.789.5520**

Email: **kristinp@pimn.org**