



2010 Student Internship Program

PIM Member - Company Participation

Company Name: _____

Contact Person: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

_____ We will participate in the 2010 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

Intern must not be a relative to anyone at your company.