



A Business & Education Partnership
Working To Improve the Skills of the Rio Grande Valley's Workforce

EMPLOYER PARTICIPATION RESPONSE

Please return by May 2015

Our organization is planning to participate in the A•L•A Summer 2015 Employer/Educator Externship Project. [] Yes [] No

If "Yes" please provide the following information, which is needed to correctly communicate with the identified local contact in your organization, for the A•L•A project. We thank you for your assistance.

Business Name: _____

PRIMARY CONTACT INFORMATION

Name: _____
Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
E-Mail: _____

ALTERNATE CONTACT INFORMATION

(Individual who will coordinate the logistics of externship)

Name: _____
Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
E-Mail: _____

Authorized Signature: _____ Date: _____

Payment: \$650.00 per Extern Number of Externs: _____

Make Checks Payable to: Academic Leadership Alliance, c/o McAllen Economic Development Corporation

[] Check Enclosed for \$ _____

[] Invoice me for \$ _____ Month/Year you want to be invoiced: _____

Payments by Credit Card: [] Visa [] MasterCard [] Discover [] Am Express

Credit Card Number _____ AVS _____ (3 numbers on signature panel)

Credit Card Holder _____ Exp Date ____/____/____

Please return Employer Participation Form and check to:
Jill Williams, A•L•A Regional Coordinator (Fax: 956.364.5143)
c/o McAllen Economic Development Corporation
6401 S. 33rd Street
McAllen, TX 78503

For Additional Information: Jill Williams, 956.343.0419, jrwns43@att.net;
Eliza Groff, 956.364.4509, ext. 4511, egroff.rgvlead@gmail.com