

CONNECTICUT MARITIME ASSOCIATION INTERNSHIP REGISTRATION FORM

Host Company Name:	
Address:	
Telephone:	
Fax:	
Point of Contact:	
Point of Contact E-mail:	
Name of Intern Hired:	
Name of College Attending:	
Year of Graduation:	
Social Security Number:	
Intern's Mailing Address:	
Intern's Email:	
Start Date:	
End Date:	
Wages / Compensation, if any:	

Please complete this form **very** neatly so that there are no errors in processing the Intern's stipend.

*On behalf of CMA, thank you for hosting an intern. Please complete this form and return by email.  
Please do not hesitate to contact me if you have any further questions or requests.*

Kevin Breen  
 CMA Education Chair  
 Cell: 203-550-5552  
[cma-education-board@googlegroups.com](mailto:cma-education-board@googlegroups.com)