

# UW-Whitewater Hawk Fest 2019



## Exhibitor Registration:

Whitewater Community

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Business Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Will you be providing food samples?      Yes / No  
If yes, please describe: \_\_\_\_\_

*By signing below, you agree to abide by the event stipulations as provided.*

Signature: \_\_\_\_\_      Date: \_\_\_\_\_

**Registration form and fee due by July 15.**

Fee payable via cash or check. (Checks payable to UW-Whitewater.)

**Please return completed form and payment to:**

First Year Experience  
University Center 245  
UW-Whitewater  
800 W. Main St.  
Whitewater, WI 53190

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**FOR OFFICE USE ONLY:**

Received: \_\_\_\_\_ / \_\_\_\_\_ / 2019      Reg. Complete: \_\_\_\_\_ / \_\_\_\_\_ / 2019      Conf. Sent: \_\_\_\_\_ / \_\_\_\_\_ / 2019