



Exhibitor

Registration

Exhibitor

Name_____

Company_____

Booth Name_____

Address_____

City_____ State_____ ZIP_____

Phone_____

Email_____

____ Enclosed is \$50-NON-PROFIT ORGANIZATION (make check payable to UW-Waukesha Foundation) for an exhibitor table at the 2014 Southeast Wisconsin Festival of Books.

____ Enclosed is \$100-FOR-PROFIT ORGANIZATION (make check payable to UW-Waukesha Foundation) for an exhibitor table at the 2014 Southeast Wisconsin Festival of Books.

____ Credit Card Information below (See second page)

____ I would like to RSVP for an Author Reception from 5:00pm-6:30pm on Friday, November 7

The Festival will provide a table and chair and a sign stating the name of your organization

Exhibitor Times:

Friday, November 7, 2014 3:00-8:00pm (Set up begins at 1:00pm)

Saturday, November 8, 2014 8:00am-6:00pm (Exhibits must be taken down by 7:00pm)

RETURN by October 1, 2014 to:
Kathleen Folbrecht
University of Wisconsin- Waukesha
1500 University Dr. Waukesha, WI 53188

For questions contact: Kathleen Folbrecht at (262) 521-5201 or Kathleen.folbrecht@uwc.edu

Payment Method

_____ Credit Card

_____ Visa® _____ MasterCard® _____ Discover Card®

Card No:

Security Code:

Exp. Date:

Billing Address: _____

Print name as it appears on card: _____

Signature: _____

Exhibitor Company: _____

Number of booths _____ X _____ price per booth = _____

TOTAL AMOUNT DUE: _____

FOR SEWI Festival of Books USE ONLY			
	Date	SEWI Festival Rep	NOTES
Pymt Rec'd			
App Rec'd			
Approved			
App copy Exhibitor			
Exhib Check-in packet sent			
Booth #			