



BREW FEST PARTICIPATION FORM (UPDATED)

Oregon Center Drive, Oregon WI 53575

(DEADLINE TO SUBMIT FORM: APRIL 15, 2008)

Please return:

- By Mail:** Oregon Area Chamber of Commerce, 733 North Main Street Oregon WI 53575
- By Fax:** (608) 835-24 75
- By Email:** Scan Filled Forms and email to director@oregonwi.com

COMPANY NAME: _____

Name of Beer to be Featured	Quantity Details	Cost (Budget Cap \$150-200)
1.)		
2.)		
3.)		
4.)		
5.)		
Total Cost		

IMPORTANT: PLEASE ATTACH OR EMAIL DETAILED DESCRIPTION OF YOUR BEER BY APRIL 15. THIS VERBIAGE WILL BE USED FOR THE BREWFEST BOOK.

STAFFING: Please mark accordingly for planning purposes:

- YES.** I WILL SEND _____ PEOPLE TO STAFF MY TABLE. *(LIMIT UPTO THREE PER BREWERY)*
- NO.** I AM UNABLE TO SEND ANYONE. PLEASE SOLICIT VOLUNTEERS FOR ME.

THE PRIZE ITEM I WILLBE BRINGING IS/ARE: _____

CONTACT PERSON: _____

ADDRESS: _____

EMAIL: _____

BEST NUMBER TO REACH: _____

NAME OF PERSON(S) STAFFING MY TABLE: _____