



NOVEMBER 17 & 18, 2018

REGISTRATION FORM

Exhibitor's Name _____ Phone (____) _____

Address _____

City _____ State _____ Zip _____

E-mail _____

Number of tables @ \$10.00 each _____

Make check payable to: "Local 974 UAW"

Mail Registration Form and check to:
UAW Local 974, 3025 Springfield Rd, East Peoria IL 61611

Items to be displayed (please be specific):

() Check here if you would be willing to donate an item for use in a door prize drawing during the show.

- Exhibitor is responsible for collecting and paying all appropriate sales taxes.
- Tables are reserved in order of payment.

RELEASE

I hereby release the UAW or any persons involved with this show from any claims for damage, loss or injury. I understand that insurance for these problems is my responsibility. I agree to abide by rules and regulations needed to make this event a success.

Exhibitor's Signature _____