

WEEVIL PERKS Registration Form

Vendor request to participate in Weevil Perks

Name of Business: _____

Name of owner or authorized agent: _____

Business Telephone Number: _____

Business Email Address: _____

Business Location Address: _____

Business Mailing Address: _____

Please enter a brief description (no more than 50 words) of your discount offer as you would prefer it to appear on the website:

Please list how to redeem this discount (i.e., present a valid UAM ID card at checkout, visit our web site for details on receiving your discount, etc.):

By submitting this Participation of Understanding document, you agree that this is not a contract with the University of Arkansas at Monticello. Submitting this document, you agree to provide all the necessary information to have your discount listed on the UAM Student Programs and Activities web site. Failure to provide all such information could result in a delay in processing your form. You agree to provide written notification to the Office of Student Programs and Activities about discontinuation or any other information about your discount that may not meet the mission and values of the University of Arkansas at Monticello.

Business Owner or Authorized Agent signature Date