

# Fill out and enter to win!

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Store #: \_\_\_\_\_ Business name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

How many store locations do you currently own? \_\_\_\_\_

What is one thing you wish you could spend more time on with your business?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WIPFLI**