
StartUp Week Business Profile

(This profile will be shared on Social Media platforms.)

Business Name: _____

Location: _____

Brief Description of Services: _____

When did you start your business? _____

How did your business idea come to reality and what advice would you give to someone with a great business idea? (Something positive/Encouraging):

Contact

Information: _____

PHOTO: Please email a photo to abioff@kawerak.org or text a photo (s) to: 907-304-1154

Return form to abioff@kawerak.org or fax to 907-443-4445

