

# WI-CARH'S 2023 Annual Meeting & Conference

## Sponsor/Exhibitor Registration Form

☐ Yes, I would like to be a **SPONSOR**

Please check your level of sponsorship:

- ☐ Breakfast \$750.00      ☐ Gold \$500.00  
☐ Social Hour \$750.00      ☐ Silver \$300.00  
☐ Educational \$650.00

Morning Break is sponsored by **Bonneville Multifamily Capital**

Lunch is sponsored by **Cinnaire**

Afternoon Break is sponsored by **Focus on Energy**

Exhibit table needed for your sponsorship?    ☐ Yes ☐ No

☐ Yes, I would like to be an **EXHIBITOR** for \$250  
 (\*WI-CARH Associate Members receive 50% off)

☐ Yes, I would like **ONE additional attendee** to staff our exhibit for \$50 (complimentary for Breakfast, Break, Lunch, Social hour or Educational)

☐ Yes, I will need **electricity** at our exhibit table.

### Total Sponsor/Exhibitor Fees:

Sponsor:	\$
Exhibitor:	\$
Additional Attendee:	\$
Electricity:	\$
Total Enclosed:	\$

Please make check payable to WI-CARH and mail to:

WI-CARH  
P.O. Box 258098  
Madison, WI 53725

*Please submit by October 18, 2023*

### Cancellation Policy

No monies will be refunded after October 18, 2023. All cancellations must be in writing.

Name of 1 complimentary attendee/title: \_\_\_\_\_  
 (Please list name & title as it should appear on name badge)

Vegetarian Meal?    ☐ Yes    ☐ No    I will be staying for the social hour    ☐ Yes    ☐ No

Additional attendee/title: \_\_\_\_\_  
 (Please list name & title as it should appear on name badge)

Vegetarian Meal?    ☐ Yes    ☐ No    I will be staying for the social hour    ☐ Yes    ☐ No

Organization: \_\_\_\_\_  
 (Please list company name as it should appear on signage/materials)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Website: \_\_\_\_\_

Any questions, please contact Diane Hamm at the WI-CARH office (608) 437-2300 or [info@wicarh.org](mailto:info@wicarh.org)