

WI-CARH'S 2025 Annual Meeting & Conference

Sponsor/Exhibitor Registration Form

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

Please check your level of sponsorship:

- | | |
|---|---|
| <input type="checkbox"/> Morning Break \$750 | <input type="checkbox"/> Educational \$650.00 |
| <input type="checkbox"/> Lunch \$750.00 | <input type="checkbox"/> Gold \$500.00 |
| <input type="checkbox"/> Afternoon Break \$750.00 | <input type="checkbox"/> Silver \$300.00 |
| <input type="checkbox"/> Social Hour \$750.00 | |

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. I understand there is an additional cost of \$50.

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 3, 2025

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