

# 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"/> Breakfast \$750.00       | <input type="checkbox"/> Social Hour \$750.00 |
| <input type="checkbox"/> Morning Break \$750.00   | <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      |

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](mailto:info@wicarh.org)