



# empower.inspire.impact

## 2024 CONFERENCE SPONSORSHIP FORM

February 8-9, 2024

### ORGANIZATION INFORMATION

Name of Organization: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### SPONSORSHIP LEVEL

Please select your sponsorship level (refer to the attached page for descriptions of benefits)

**EMPOWER (\$5,000)**     **INSPIRE (\$3,000)**     **IMPACT (\$1,000)**

### COMPLIMENTARY REGISTRATION ATTENDEES

Please list the names of those who will be attending with complimentary registrations:

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_

### COMPLIMENTARY EXHIBIT TABLE

Please select one of the following options:

- We will use our complimentary exhibitor table  
 We will not use our complimentary exhibitor table

### PAYMENT INFORMATION

Please select your payment method:

Pay via Whova: [WIBOS 2024 Conference - Empower Inspire Impact Sponsor Registration \(whova.com\)](https://www.whova.com)

**OR**

Mail completed form and check made payable to WIBOSCO to:

WI Balance of State Continuum of Care  
1166 Quail Court Suite 400  
Waukesha, WI 53072

### QUESTIONS

Please contact the WIBOSCO Director with any questions: Carrie Poser

Wisconsin Balance of State Continuum of Care

Email: [wiboscoc@gmail.com](mailto:wiboscoc@gmail.com)

Phone: 715-598-3301

Event website: <https://www.wiboscoc.org/>