



WORKPLACE INCLUSION NETWORK

A PROGRAM OF THE VIRGINIA CENTER FOR INCLUSIVE COMMUNITIES

2023 REGISTRATION FORM

STEP 1: PROVIDE YOUR CONTACT INFORMATION

Name of Participating Organization: _____

Designated Point of Contact: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: (_____) _____ Email: _____

STEP 2: CHOOSE YOUR MEMBERSHIP LEVEL

[] WIN CHAMPION - \$7,500

WIN Program Opportunities:

- Your company is able to send up to 10 employees to each WIN program*
- Your company's logo displayed on sponsor sign at all WIN programs
- Priority invitation to host a WIN program
- Opportunity to share your organization's promotional materials at each WIN program

Additional Opportunities:

- Up to 2-hour VCIC workshop at your workplace
- Listing on VCIC website (with link)

[] WIN LEADER - \$2,500

WIN Program Opportunities:

- Your company is able to send up to 5 employees to each WIN program*
- Your company's name displayed on sponsor sign at all WIN programs
- Opportunity to share your organization's promotional materials at each WIN program

Additional Opportunities:

- Listing on VCIC website (with link)

[] WIN SUPPORTER - \$750

- Your company is able to send up to 2 employees to each WIN program*
- Listing on VCIC website (with link)

**Organizations that host a luncheon and provide lunch can bring additional guests to that session*

STEP 3: SELECT YOUR PAYMENT OPTION

_____ Check enclosed payable to "VCIC" for \$ _____

_____ Check being mailed separately

_____ Please send an invoice to address indicated