

| STEP 1: PROVIDE YOUR CONTACT INFORMATION   |   |
|--|---|
| Name of Participating Organization:  |   |
| Designated Point of Contact:   |   |
| Mailing Address:   |   |
| City:  | State: Zip:   |
| Daytime Phone: ()  | Email:  |
| Session #3 Preferred Location: [ ] 6/25/25   HAMPTON ROADS or [ ] 7/9/25   RICHMOND  |   |
|  |   |
| STEP 2: CHOOSE YOUR MEMBERSHIP LEVEL   |   |
| <ul> <li>WIN CHAMPION - \$7,500</li> <li>WIN Program Opportunities:         <ul> <li>Your company is able to send up to 10 employees to each WIN program + up to 5 employees to Virginia Inclusion Summit</li> <li>Your company's logo displayed on sponsor sign at in-person WIN program</li> <li>Your company's name highlighted in WIN 2024 social media posts</li> <li>Your company receives a customized 2-hour VCIC workshop for WIN participants</li> <li>Your company is listed on VCIC's website (with link)</li> </ul> </li> </ul> | <ul> <li>WIN LEADER - \$3,500</li> <li>WIN Program Opportunities:         <ul> <li>Your company is able to send up to 5 employees to each WIN program + up to 2 employees to Virginia Inclusion Summit</li> <li>Your company's name displayed on sponsor sign at in-person WIN program</li> <li>Your company is listed on VCIC's website (with link)</li> </ul> </li> </ul> |
|  | [ ] WIN NON-PROFIT - \$750  |
| <ul> <li>Your company is able to send up to 2 employees to each WIN program + 1 employee to Virginia Inclusion Summit</li> <li>Your company is listed on VCIC's website (with link)</li> </ul>   | <ul> <li>Your company is able to send up to 2 employees to each WIN program + 1 employee to Virginia Inclusion Summit</li> <li>Your company is listed on VCIC's website (with link)</li> </ul>  |
| STEP 3: SELECT YOUR PAYMENT OPTION  Check enclosed payable to "VCIC" for \$  |   |
| Check being mailed separately  | ······································  |

Please send an invoice to address indicated