WORKPLACE INCLUSION NETWORK

A PROGRAM OF THE VIRGINIA CENTER FOR INCLUSIVE COMMUNITIES

2027 REGISTRATION FORM

STEP 1: *PROVIDE YOUR CONTACT INFORMATION*

Name of Participating Organization: _____

Designated Point of Contact: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: (_____) _____ Email: _____

Session #4 Preferred Location: ☐ **12/8/27 | HAMPTON ROADS** *or* ☐ **12/15/27 | RICHMOND**

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 + up to 5 employees to Virginia Inclusion Summit*
- *Your company's logo displayed on sponsor sign at in-person WIN program*
- *Your company's name highlighted in WIN 2024 social media posts*
- *Your company receives a customized 2-hour VCIC workshop for WIN participants*
- *Your company is listed on VCIC's website (with link)*

☐ WIN SUPPORTER - $1,250

- *Your company is able to send up to 2 employees to each WIN program + 1 employee to Virginia Inclusion Summit*
- *Your company is listed on VCIC's website (with link)*

☐ WIN LEADER - $3,500

WIN Program Opportunities:

- *Your company is able to send up to 5 employees to each WIN program + up to 2 employees to Virginia Inclusion Summit*
- *Your company's name displayed on sponsor sign at in-person WIN program*
- *Your company is listed on VCIC's website (with link)*

☐ WIN NON-PROFIT - $750

Only for 501c3 organizations

- *Your company is able to send up to 2 employees to each WIN program + 1 employee to Virginia Inclusion Summit*
- *Your company is listed on VCIC's website (with link)*

STEP 3: *SELECT YOUR PAYMENT OPTION*

☐ Check enclosed payable to "VCIC" for $_____

☐ Check being mailed separately

☐ Please send an invoice to address indicated