



International Short
Break Association

Sponsorship Form

Please complete this form to indicate your level of sponsorship for the 2021 International Short Break Association Conference to be held June 22-25, 2021 at the Monona Terrace Convention Center, 1 John Nolen Dr, Madison, WI 53703.

Sponsoring Organization: _____

First and Last Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____ **Phone:** _____

Please indicate your desired level of sponsorship:

- | | | | |
|--|----------|--|---------|
| <input type="checkbox"/> Champion of Respite | \$15,000 | <input type="checkbox"/> Silver | \$2,500 |
| <input type="checkbox"/> Platinum | \$10,000 | <input type="checkbox"/> Bronze | \$1,000 |
| <input type="checkbox"/> Gold | \$ 5,000 | <input type="checkbox"/> Friend of Respite | \$ 500 |

Registration Sponsors

Sponsors may elect to donate their complimentary conference registrations that are included in the above package to support the participation of family caregivers and/or individuals with a disability. If you are interested in sponsoring additional conference registration costs for family caregivers and/or individuals with disabilities, you may do so in any dollar amount.

____ YES, I would like to donate _____ (*indicate #*) of the complimentary conference registrations

____ YES, I would like to donate an additional \$ _____ to support the participation of family caregivers and/or individuals with a disability

Exhibitor Information

Sponsors at the \$2,500 level and higher are entitled to a free exhibit table. Bronze sponsors are entitled to a discounted exhibit table. If you would like an exhibit table, please also complete and submit the *Exhibitor Information Form* and the *Exhibitor Agreement* with this sponsorship form.

Please choose form of payment:

Check Make check payable to: **Wisconsin Union – Conference Management**

Credit Card* VISA MasterCard Discover American Express

Card Number: _____ Security Code: _____

Expiration Date: _____ Name on Card: _____

Cardholder’s Signature: _____

** If you prefer to provide your credit card information by phone, please contact Wisconsin Union Conference Management at 608-265-6534 Monday – Friday from 8:30 am – 4:30 pm CST.*

Billing Address

Street: _____ City: _____

State: _____ Zip Code: _____

All sponsorships are payable no later than May 3, 2021!

Please email the completed form signed to isba2021@union.wisc.edu or mail forms and payment to the conference fiscal agent:

Laura Richards, CMP
Wisconsin Union - Conference Management
800 Langdon Street
Madison, WI 53706

Thank you for your support!

Note: If you have questions about the sponsorship opportunities, please contact Laura Richards at isba2021@union.wisc.edu or call 608-265-6534.

