

# Virginia All Insurance Industry Day Registration/Sponsorship Form

Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

\*\* Company Name – as you would like it to appear on sponsor list (please print clearly) \*\*

## Please complete the information below:

### **Sponsorship Levels:**

- Platinum - \$2000 – includes 6 admissions and Company Display Table.  
 A limited number of Company Display Tables are available, please check if desired.
- Gold - \$1000 – includes 4 admissions and Company Display Table.  
 A limited number of Company Display Tables are available, please check if desired.
- Silver- \$500 – includes 3 admissions and Company Wall Logo Display.
- Bronze- \$250 – includes 2 admissions and Company Wall Logo Display.

All Sponsors will have Name/Logo displayed throughout Event – Name/Logo size dependent on Sponsorship Level.

- Registration only** – number of Registrants @ \$50 each \_\_\_\_\_

**Please indicate Attendees' names on attached sheet.**

### **Payment Information:**

Amount Enclosed \$ \_\_\_\_\_ (payable to: Richmond CPCU Society Chapter)

check - # \_\_\_\_\_

bill  receipt requested

Virginia I-Day c/o Mary Beth Scherer, Richmond CPCU Society Chapter  
631 Monacan Driver, Richmond VA 23238  
(Phone: 804-784-7278, Email: [mbys@richmondpcu.org](mailto:mbys@richmondpcu.org))

**IF SPONSOR: Please EMAIL** this form and Company Logo in Vector format  
to [alex.wohlford@kinsaleins.com](mailto:alex.wohlford@kinsaleins.com); [mhensel@vmlins.org](mailto:mhensel@vmlins.org) or [mbys@richmondpcu.org](mailto:mbys@richmondpcu.org)  
**by October 30** for Logo to be displayed at event.



# THIS EVENT PROVIDE SCHOLARSHIP OPPORTUNITIES FOR STUDENTS INTERESTED IN THE INSURANCE INDUSTRY

## REGISTRATION

Please make checks payable to Richmond CPCU Society Chapter and mail them along with this registration to:

Mary Beth Scherer  
Virginia I-Day C/O Richmond CPCU Society Chapter  
631 Monacan Drive  
Richmond, VA 23238  
Phone and fax: 804-784-7278

Attendee's Name and Company Name for Registration/Name Badge:

1. Name \_\_\_\_\_

Company Name \_\_\_\_\_

Email \_\_\_\_\_

2. Name \_\_\_\_\_

Company Name \_\_\_\_\_

Email \_\_\_\_\_

3. Name \_\_\_\_\_

Company Name \_\_\_\_\_

Email \_\_\_\_\_

4. Name \_\_\_\_\_

Company Name \_\_\_\_\_

Email \_\_\_\_\_

5. Name \_\_\_\_\_

Company Name \_\_\_\_\_

Email \_\_\_\_\_

6. Name \_\_\_\_\_

Company Name \_\_\_\_\_

Email \_\_\_\_\_

