SPONSORSHIP & EXHIBITOR CONTRACT

Organization Information

☐ Dessert & Data – \$3,000

Organization Information will be used for a listing in the program.

Organization Name:	
Contact Person (First, Last):	
Position Title:	
Address:	
City: State:	Postal Code:
Email:	_ Phone:
Website:	
Exhibit Opportunities	
 □ Academic/Nonprofit Package \$350 (until April April Standard Package \$1,500 (until April 3, 20) □ Deluxe Package \$3,200 (until April 3, 2026) □ Build Your Impact: (check all that apple) 	26) - \$1,800 (Starting April 4) 0 - \$3,500 (Starting April 4)
Experiences:	Extras:
☐ Wisconsin Idea Welcome – \$11,000	☐ Flamingo \$250
☐ Monday & Tuesday Flamingles – \$10,000	☐ Standalone Broadcast Email \$1,000
☐ Closing Flamboyance Gala – \$12,000	☐ Supporter Spotlight Broadcast Email \$500
☐ Bonding Breaks – \$6,000	☐ Push Notification \$1,000
☐ Periodic Pick-Me-Ups – \$4,500	☐ Conference room rental \$500 per hour
☐ Wisconsin Idea Spotlights – \$2,000	☐ Golf cart logo \$1,500
☐ In Your Element – \$1,000	☐ Unattached donation (flexible)
☐ In Your Group — \$3,000	
☐ Flock and Mingle – \$3,000	

BCCE 2026

Payment Information

	II payment and completed cords. All payments must I	application are due by April 3, 2026. Please retain a copy for your pe made in US Dollars.
	Exhibit:	\$
	Build your Impact Items	\$
	Total Payment:	\$
Pa	yment Options:	
	Check Enclosed	
		able to UW Conferences & events. Send agreement and check to:
		nces & Events Conference & Registration Services
	702 Langdon Street	
	Madison, WI 53706	
	Visa ☐ Mastercard	☐ Discover ☐ AMEX
$\mathbf{-}$	Visa inastercara	_ Discover _ Amex
_		
	Credit Card Number:	— · · · · · — · · · · · · · · · · · · ·
	Credit Card Number:	
_	Credit Card Number: Expiration Date: Cardholder Name:	CVV:
_	Credit Card Number: Expiration Date: Cardholder Name:	CVV:
_	Credit Card Number: Expiration Date: Cardholder Name: Cardholder's Signature: _ Wire Transfer	CVV:
	Credit Card Number: Expiration Date: Cardholder Name: Cardholder's Signature: _ Wire Transfer	CVV:
	Credit Card Number: Expiration Date: Cardholder Name: Cardholder's Signature: _ Wire Transfer	CVV:
	Credit Card Number: Expiration Date: Cardholder Name: Cardholder's Signature: _ Wire Transfer Contact the UW Conferer Agreement	CVV:
	Credit Card Number: Expiration Date: Cardholder Name: Cardholder's Signature: _ Wire Transfer Contact the UW Conferer Agreement To accept the terms of the	CVV:

Print a copy of this application for your records. This is your invoice and contract. No additional paperwork will be issued unless requested.