



WOVI Annual Conference for Women 2020 Saturday May 30, 2020 9:00 AM – 2:00 PM VIRTUAL CONFERENCE via ZOOM

Name:	WOVI Member Chapter:
Address:	Phone:
	Email:

CONFERENCE REGISTRATION includes Keynotes, Leadership Panel and Educational Sessions INCLUDING A RECORDING OF EVENT				
Full Conference (WOVI Member)	\$25.00	\$		
Full Conference (Guest)	\$30.00	\$		

CONFERENCE SPONSOR – AVAILA includes Full Conference Social Media promotion as a Listing as Sponsor on Co Half-Page ad in Dig Promotional slides broadcast d OPTIONAL: Donate an item or Conference Sponsor (WOVI Member, includes full of	Registration <i>PLUS:</i> a Conference Sponsor onference Web Page jital Program* uring Conference Brea gift card for Door Prize onference registration)	iks* es \$50.00	\$	
Conference Sponsor (Guest, includes full o				
Business Name:	Website:			
Business Address:	Business Phone:			
	Email:			
Please provide a BRIEF description of the services or products that you offer:				
*Half Page Ad and Promotional Slides will include your business name, contact info / URL, and brief description of service. TO INCLUDE YOUR LOGO, please provide a hi-resolution jpeg or vector eps file. (We cannot guarantee quality of logo if provided as a scan, image placed in Word document, gif or png file.) If you would like to supply your own image/slide, please send a jpeg or PDF, 1280 x 720 pixels (16:9 ratio).				
CONFERENCE DONOR Support WOVI with an additional donation and we will list your name as a WOVI DONOR.				
Donor Name as you would like to be listed:				
W	OVI Conference Donor	\$50.00	\$	

SEE PAGE 2 FOR PAYMENT

WOVI, Inc., P.O. Box 803144, Dallas, TX 75380-3144 WOVI is a 501(c)(3)non-profit organization. Your registration is tax deductible to the full amount allowed by law.

REGISTRATION PAYMENT

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REGISTRATION PAYMENT: Note payment method and mail this registration form to: WOVI, Inc. P.O. Box 803144, Dallas, TX 75380-3144		
Make checks payable to WOVI, INC., and include with registration form		\$
Credit Card/ Debit Card No.:		
Card Expiration Date:	CVV:	¢
Name on Card: Billing	Zip Code:	Φ
Signature:		1
	Date:	