

2025 Four-State Dairy Nutrition and Management Sponsorship Form

Company Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail (required) _____ Telephone _____

Please mark which level you are sponsoring:

_____ Gold - \$1200 (2 Free Registrations & Exhibit Space, Attendee List)

_____ Silver - \$800 (1 Free Registration & Exhibit Space)

_____ Bronze - \$300 (1 Free Registration)

_____ Break/Refreshment Sponsors: \$1300 (Includes Silver Sponsorship)

_____ Break/Refreshment Sponsors: \$1700 (Includes Gold Sponsorship)

_____ Breakout Room Sponsors - \$1700 (Exclusive, includes Gold Sponsorship & room recognition)

Complimentary Attendee name(s):

1. _____ City _____ State _____

Email _____

2. _____ City _____ State _____

Email _____

La Crosse Hotels Link: <https://www.playeasy.com/events/eb9f9687-b574-4676-90c7-31171e65a7af/hotels/specials>

Make checks payable to "WABA" or charge as indicated below

Card Number _____

Exp. Date _____ CVV Code _____

Name on Credit Card _____

Email for receipt _____

**WABA, 2801 International Ln, Ste105, Madison, WI 53704 or
E-mail: denise@wiagribusiness.org
FAX: (608)-223-1147**