



## **Presentations & Workshops**

### **Topics:**

- Mental Health
- Substance Abuse
- Intellectual Disabilities
- Children's Services



## **THE WEST VIRGINIA BEHAVIORAL HEALTHCARE PROVIDERS ASSOCIATION SENIOR LEADERS CONFERENCE**

**OCTOBER 14 - 16, 2026**

**STONEWALL RESORT  
940 RESORT DRIVE  
ROANOKE, WV 26447**

**MORE THAN 100 ATTENDEES & DECISION MAKERS**

**SPONSORSHIPS  
VENDOR/BOOTH \$2,500**



2026 Senior Leaders Conference  
- Sponsorship Registration Form -

October 14 - 16, 2026

**Mail Completed Form with Payment to:** "WVBHPA Conference Sponsorship"  
**(Make Payable to)** WVBHPA  
110 Association Drive  
Charleston, WV 25311  
**Fax Form to:** 304-343-0760 **Register by Email:** [kedron@wvbehavioralhealth.org](mailto:kedron@wvbehavioralhealth.org)

**Please type or print in the space provided:**

Your Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Address: (If different) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Agency/Company/Organization: \_\_\_\_\_ Attention: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**REGISTRATION CATEGORY**

\$2,500 - Booth/Sponsorship  I would like to introduce a speaker  Needs electric for booth  
 \_\_\_\_\_ other donation

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**METHOD OF PAYMENT (Please Select the Appropriate Box)**

Visa  Mastercard  AMEX # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_

Check/Money Order Signature (Required): \_\_\_\_\_

Bill My Agency: \_\_\_\_\_

**CONFERENCE ADMINISTRATIVE USE ONLY**

**Purchased by** (circle): Individual, Agency or Other **Items given** (circle): Tickets, Name Tag, Registration Packet or Other

Check/Money Order #: \_\_\_\_\_ Received \_\_\_\_/\_\_\_\_/\_\_\_\_

PO/Authorization #: \_\_\_\_\_ Invoice #: \_\_\_\_\_

Receipt #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_