



Independent Insurance
Agents of West Virginia

CONNECT. NETWORK. LEARN

VIRTUAL BIG "I" LUNCH & LEARN

July 22 - Stonewall Resort - Roanoke, WV



Independent Insurance
Agents of West Virginia

VIRTUAL BIG "I" LUNCH & LEARN

Schedule of Events:

Open Virtual Meeting Room
& Partner/Sponsor Acknowledgements 11:30 a.m.

Welcome from President Terri Dodrill 11:45 a.m.

Lunch & Learn 12:00 p.m.
Lightburns Restaurant

Presentations:

(Approved 1 Hour of General CE Credits)

Tech Talk with Jamie Summers-Brown – BricksWithout Straw
Learn about leading tech trends and needs for your agency.

EMBARK Presentations

Big "I" Associate Partners

Imperial PFS

US Premium

Brief Big "I" Update

Closing Remarks & Partner Acknowledgements

IIAWV Board Meeting 1:30 p.m. - 3:00 p.m.

Thank you to our generous sponsors!





Independent Insurance Agents
of West Virginia

BIG "I" Lunch & Learn

Registration Fee (per person): \$40

**Exhibitor Fee:
FREE for Associate Partners
\$100—Non-member**

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail Address: _____

Registration Fee Total: \$ _____

Payment Method: *Check* *Visa* *Mastercard* *American Express*

Credit Card Information: Name on Account _____

Billing Address _____

Account # _____ Card Verification/Security Code # _____

Account Holder's Signature _____ Exp. Date _____

Please make checks payable to: IIAWV, 2006 Kanawha Boulevard E.,
Charleston, WV 25311.

Please mail, fax to 304.343.5810 or send via email to sarah@omegawv.com.



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BIG "I" Lunch & Learn

Sponsorship Opportunities:

Leadership Builder - \$750

Two free registrations, keynote speaker sponsor, program listing, EMBARK Presentation Slot and co-host sponsor on social media.

Rising to Success Sponsor - \$500

One free registration, lunch sponsor logo, program listing, EMBARK Presentation Slot and co-host sponsor on social media.

Building Change - \$250

General sponsor listing and EMBARK Presentation Slot.

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail Address: _____

Sponsorship Total: \$ _____

Payment Method: Check Visa Mastercard American Express

Credit Card Information: Name on Account _____

Billing Address _____

Account # _____ Card Verification/Security Code # _____

Account Holder's Signature _____ Exp. Date _____

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