Rocket to the top with Wisconsin's credit unions

The Select Vendor Program (SVP) is a

cost-effective way to get in front of credit union decisionmakers who are looking to make a purchasing decision. It includes a variety of offline and online benefits for maximum presence.

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Participation benefits:

- Company and product/service listing in The League's online Products & Services Directory. Includes your company logo, description, and link to your website. The directory is promoted via various member emails and linked to in the app for The League's Annual Convention
- Hyperlinked company logo featured in quarterly vendor email to all members (select vendors featured on a rotational basis)
- · List, including contact information, of Wisconsin credit unions
- Discount on sponsorship of another League event when purchased at the same time

Fee: \$1,500 annually.

For more details contact: (800) 242-0833 TheLeague.coop/SVP

W.C.U.L. Services Corp. **Select Vendor Program**

PROMOTIONAL INFORMATION

Products / Services Offered	(check all that apply):		
Compliance	Member Services	Operations	☐ Office Equipment
☐ Auditing Services☐ Compliance Services	☐ ATM Network Access☐ Check Printing	☐ Collection Services☐ Construction/Design	☐ Payroll Services
Forms	☐ Financial Education/	☐ Consulting	Technology □ ATM Terminals
□ Legal	Counseling	☐ Deposit/Liquidity Services	☐ Data/Core Processing
Fraud/Security	☐ Insurance☐ Loyalty Programs	☐ Education & Training☐ Employee Benefits	☐ Technology
☐ Fraud/Security	☐ Overdraft Protection	☐ Facilities Management	
Lending	☐ Payments	☐ Human Resources Services	
☐ Lending	☐ Shared Branching	☐ Marketing	
Company Description (20	words or less):	Email your logo & 20 word registration@TheLeague. Logos should be high resolution, .eps fi materials according to your sponsor/ex	les and will be used in promotional
	_	ia kit (TheLeague.coop/Sponsors) and agre	•
ONLINE VENDOR LIST	ring		
Address:		City, State Zip:	
Sales Contact:	Sales Phone:	Sales Email:	Web:
VENDOR CONTACT IN	IFORMATION		
Name:	Title:	Phone:	Email:
PRIMARY COMPANY	INFORMATION		
Legal Company Name:		Doing Business As:	
Mailing Address:		City, State Zip:	
Phone:		Fax:	
BILLING INFORMATION	ON		
Contact:	Phone:	Fax:	Email:
Address:		City, State Zip:	
□ Select Vendor Program (1 year t	erm): \$1,500		
□ Check Enclosed □	VISA [™] □ MasterCard [™]		
Charge Card #:		CID Number:	/
Name on Card:	Card Address (if different	Card Address (if different from billing): City, State Zip:	

Return application(s), payment form & payment to:

Wisconsin Credit Union League

1 E. Main Street, Suite 101 | Madison, WI 53703

p: (800) 242-0833 | f: (608) 250-2606 | registration@TheLeague.coop