



Society of Wetland Scientists Professional Certification Program

PWS Mixer Sponsor Opportunities

The Society of Wetland Scientists Professional Certification Program (SWSPCP) holds a PWS Mixer in conjunction with the Society of Wetland Scientists Annual Meeting. The 2013 Annual Meeting will be held at the Duluth Entertainment Convention Center in Duluth, Minnesota on June 2 through 6. This SWSPCP Mixer is open to certified PWS as well as others interested in certification.

Sponsorship Levels and Benefits



Bronze Sponsorship \$100

- Acknowledgement at the SWSPCP Booth.
- Oral Recognition at the Mixer—SWSPCP Board President will acknowledge sponsors during the social.

Silver Sponsorship \$250

- BRONZE BENEFITS PLUS:
- Company Name Displayed at the Mixer—signs with sponsors' names will be displayed during the mixer.
- Company Name Included in the SWSPCP Newsletter—distributed to all active PWS and WPIT and available on the SWSPCP website.

Gold Sponsorship \$500

- SILVER BENEFITS PLUS:
- Company Name on SWSPCP Website—company name and brief biography will be included on SWSPCP website for one year.

Sponsorship Policy and Agreement

All sponsorships are confirmed by the agreement issued below, to be completed by the company representative. Fees are non-negotiable and non-refundable. No refunds will be issued except in the event the social is cancelled. Social and sponsorship dates are subject to change. Sponsors will be notified of anticipated changes.

Company Name: _____

Company Representative: _____

Address: _____

City, State and Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Signature: _____ Date Signed: _____

Indicate Sponsorship Level:

Bronze Sponsorship \$100

Silver Sponsorship \$250

Gold Sponsorship \$500

Payment must be submitted with the signed agreement in order to secure the sponsorship opportunity. Return the completed agreement with **check** to: SWS Professional Certification Program, Attn: Sponsorship Department, 1901 N. Roselle Road, Suite 920, Schaumburg, IL 60195

If paying by **credit card**, please complete the following information and fax your form to 847-885-8393

Card Type: Visa MasterCard

Credit Card Number: _____ Exp. Date: _____

Name on Card: _____

Signature: _____

Credit Card Billing Address (if different than above): _____

City, State and Zip Code: _____