

SPONSORSHIP CONTRACT – SEATTLE

THE PROJECT MANAGEMENT CONFERENCE

June 2/09

Washington State Convention & Trade Center



www.thepmconference.com

COMPANY _____

CONTACT NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

TELEPHONE _____

FAX _____

EMAIL _____

SPONSORSHIP LEVEL

Presenting – \$2500 US

Breakfast – \$1500 US

Corporate – \$1500 US

Lunch – \$1500 US

TOTAL AMOUNT DUE: \$ _____

PAYMENT INFORMATION (Please indicate credit card details for deposit below. If left blank, you will be invoiced.)

VISA MASTERCARD AMERICAN EXPRESS

Name on Card

Card Number

Expiry Date

Signature

Date Signed

AUTHORIZED SIGNATURE _____

TITLE _____

DATE _____

Please fax completed form to Erin Osborne at **1-877-906-2124**.

Questions: 1-877-739-2112 ext. 192053