



Southern California Waste Management Forum
2025 Annual Conference & Exhibit Sponsorship Form

Please check the appropriate sponsorship listed below and submit with payment and company logo by November 1, 2024, in a high-resolution format to be sure you are included in the printed material.

Submissions can be made via e-mail at info@scwmf.org; or mail to:

Southern California Waste Management, 21520 Yorba Linda Blvd., Ste G-428, Yorba Linda, CA 92887.

☐ **Conference Co-Sponsor - \$1,025. Each co-sponsor**

Includes company recognition on the SCWMF website homepage, company recognition in the conference brochure, company literature included in registration packet (when provided), banner recognition at registration. Includes two full registrations to attend the conference.

☐ **Continental Breakfast - \$1025.**

Includes company recognition on the SCWMF website homepage, company recognition in the conference brochure, and at the refreshment site, company literature included in registration packet (when provided). Includes one full registration to attend the conference.

☐ **Mid-morning Refreshments - \$775.**

Includes company recognition on the SCWMF website homepage, company recognition in the conference brochure and at the refreshment site, company literature included in registration packet (when provided).

☐ **Afternoon Refreshments - \$775.**

Includes company recognition on the SCWMF website homepage, company recognition in the conference brochure, and at the refreshment site, company literature included in registration packet (when provided).

☐ **Door Prize - cash contribution - \$525**

Includes company recognition on the SCWMF website homepage, company recognition in the conference brochure, company literature included in registration packet (when provided).

Company: _____

Contact person: _____ E-mail: _____

There is a \$75.00 processing fee on all returned checks.

I have enclosed a check in the amount of: \$ _____ payable to:

Southern California Waste Management Forum

Please charge my credit card in the amount of \$ _____ Visa: _____ MasterCard: _____ Disc: _____

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City: _____ State: _____ Zip: _____

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