



## **SCWMF May Business Meeting & Conference Scholarship Form**

Anyone wishing to promote their company or organization as a scholarship sponsor may do so by sending a donation in the amount of \$340 (Diamond Level); \$230 (Gold Level); or \$160 (Silver Level). These funds will be used to help defray the costs of supporting students at \$160 each. Scholarship sponsors will be recognized prominently on placards located throughout the conference area, and in the Conference Agenda Packets (when provided) given to all attendees and participants. Please check the appropriate scholarship listed below and submit with payment and company logo (in an .eps or high-resolution format) by May 1st to be sure you are included in the printed/online material.

Submissions can be made via e-mail at [info@scwmf.org](mailto:info@scwmf.org) ; or mail to:

SCWMF Association Office, 21520 Yorba Linda Blvd., Ste G-428, Yorba Linda, CA 92887.

**Diamond Level - \$340.**

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

**Gold Level - \$230.**

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

**Silver Level - \$160.**

Includes company recognition on the SCWMF website homepage, company recognition in the online conference brochure and at the refreshment site, 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: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address (Required): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Card No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CCV# \_\_\_\_\_

Signature: \_\_\_\_\_