



Industry Partner Application

Indicate membership investment level: *Platinum (\$2500)* *Gold (\$2000)* *Silver (\$1500)*
 Sponsor (\$1000) *Associate (\$500)*

Company Name _____

Contact _____

Mailing address _____

City _____ State _____ Zip _____

E-mail address _____

Phone () _____ Fax () _____

Web site address _____

Please provide a description of the services offered by your company. This information will be used on the NWCCF web site to describe Industry Partners' resources and services.

Please check those areas of interest to you:

- Display at the annual conference Speaker Opportunities
 Notice of upcoming workshops or social events Sponsor a workshop presenter

Check is enclosed for \$ _____, made payable to NWCCF

Visa/Master Card Account # _____
Expiration Date _____ Security code _____

Signature _____ Date _____