

2nd Annual
Choose Clean Water Conference

January 10-12, 2011 | Washington, DC

SPONSORSHIP OPPORTUNITIES



\$10,000 CHESAPEAKE STEWARD

- Logo in conference program
- Complimentary exhibit space
- Logo on conference website
- Display during kick-off reception
- Conference registration for 5 people



\$5,000 BALD EAGLE

- Logo in conference program
- Complimentary exhibit space
- Display during kick-off reception
- Conference registration for 4 people



\$2,500 BROOK TROUT

- Logo in conference program
- Complimentary exhibit space
- Display during kick-off reception
- Conference registration for 3 people



\$1,000 OSPREY

- Logo in conference program
- Complimentary exhibit space
- Display during kick-off reception
- Conference registration for 2 people

\$500 AMERICAN SHAD



- Logo in conference program
- Complimentary exhibit space
- Conference registration for 1 person



\$250 BLUE CRAB

- Non-profits only
- Logo in conference program
- Complimentary exhibit space (half table)



choose **clean** water



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SPONSORSHIP COMMITMENT FORM

Please see reverse for benefits and other information regarding sponsorship levels. If interested, please call or complete form by **November 1, 2010** and mail payment to:

CHOOSE CLEAN WATER
c/o National Wildlife Federation
706 Giddings Avenue, Suite 2-C
Annapolis, MD 21401

Checks should be payable to the **National Wildlife Federation**. Credit card payments may be faxed to 443-927-8050.



**Yes! I want to support the 2nd Annual Choose Clean Water Conference
January 10-12, 2011**

- | | |
|--|---|
| <input type="checkbox"/> \$10,000 Chesapeake Steward | <input type="checkbox"/> \$1,000 Osprey |
| <input type="checkbox"/> \$5,000 Bald Eagle | <input type="checkbox"/> \$500 American Shad |
| <input type="checkbox"/> \$2,500 Brook Trout | <input type="checkbox"/> \$250 Blue Crab (Non-profits only) |

Company/Organization Name _____

Contact Name _____

Mailing Address _____ City _____ State _____ Zip _____

Daytime Phone _____ Fax _____

e-mail _____

Method of Payment:

- Check Visa MasterCard American Express

Credit Card No. _____ Exp. Date _____ Security Code (on back of card) _____

Name on Card (please print) _____

Billing Address (if different from above) _____

City _____ State _____ Zip _____

Amount Enclosed/To be Charged: _____ Signature _____

**Questions? Please contact Matt Hansen at 443-759-3405 or hansenm@nwf.org.
www.choosecleanwater.org**