

Sponsorship Commitment Form

Company Name_____

Address_____

City_____ State_____ Zip_____

Phone_____ Email_____

Main Contact Name_____

Please Select Convention Sponsorship Level

☐ Platinum - \$6,000

☐ Gold - \$4,000

☐ Silver - \$2,000

☐ Industry Supporter \$_____

☐ Booth Exhibitor - \$700

Payment Type (circle one) Check

Visa

Mastercard

Discover

Check Number_____

Credit Card Number_____

Expiration Date_____ Name on Card_____

Exhibitors:

Please review map on the back of this form and list your top 3 preferred location numbers. We will do our best to accommodate your preference, but locations will be assigned on a first-come first-serve basis.

#1_____

#2_____

#3_____

Please list names of staff who will be working the booth and asterisk (*) which person will receive one registration.

Please return form and payment to: Washington Association of Wheat Growers, 109 E. First Ave., Ritzville, WA 99169 or fax it to 509-659-4302. If you have questions please call 800-598-6890.