

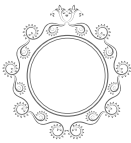


CORPORATE PARTNER REGISTRATION FORM

Thank you for your interest in the CSW Corporate Partner program. Our appreciation for your support of Wisconsin DCs and this organization goes beyond words. We are thrilled for this coming cycle and look forward to a mutually beneficial relationship that we hope to continue for many years to come.

Please select which level of partnership your company wishes to enter.

Please note the pricing on Bronze/Silver Partnerships include the cost of your discounted booth at the Summit.



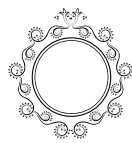
PLATINUM

\$10,000



GOLD

\$5,000



SILVER

\$2,100



BRONZE

\$1,200

COMPANY INFORMATION

Company Name: _____

Contact Name & Title: _____

Contact Phone: _____ Contact Fax: _____

Contact Email: _____

Company Address: _____

City: _____ State: _____ ZIP: _____

PAYMENT INFORMATION

Amount enclosed: \$ _____ Payment Method: Check Credit Card

Credit Card #: _____

Expiration Date: ____ / ____ (mm/yyyy) Security Code: _____

Billing Address (if different than above): _____

Billing City: _____ Billing State: _____ Billing ZIP: _____

Authorizing Signature

Please return this completed form to the CSW office by fax, mail, or email via the information below