

# SPONSORSHIP REGISTRATION

## CONTACT INFORMATION

FIRST NAME

LAST NAME

ORGANIZATION

STREET ADDRESS

CITY

STATE/PROVINCE

POSTAL CODE

COUNTRY

PHONE

FAX

EMAIL ADDRESS

URL

ADDITIONAL CONTACT

EMAIL

PHONE

## GENERAL MEETING SPONSORSHIP

- |                                    |          |
|------------------------------------|----------|
| <input type="checkbox"/> SPAWNER   | \$10,000 |
| <input type="checkbox"/> SUB-ADULT | \$5,000  |
| <input type="checkbox"/> SMOLT     | \$2,500  |
| <input type="checkbox"/> FRY       | \$1,000  |

## EXCLUSIVE SPONSORSHIP

- |   |          |
|---|----------|
| <input type="checkbox"/> INTERPRETATION           | \$15,000 |
| <input type="checkbox"/> AUDIO/VISUAL EQUIPMENT   | \$15,000 |
| <input type="checkbox"/> OPENING RECEPTION        | \$12,000 |
| <input type="checkbox"/> HOTEL RECEPTION          | \$12,000 |
| <input type="checkbox"/> DAILY COFFEE & TEA BREAK | \$3,500  |
| <input type="checkbox"/> CONFERENCE SOUVENIR      | \$5,000  |

## ADVERTISING SPONSORSHIP

- |  |       |
|--|-------|
| <input type="checkbox"/> FULL PAGE AD    | \$500 |
| <input type="checkbox"/> HALF PAGE AD    | \$250 |
| <input type="checkbox"/> QUARTER PAGE AD | \$125 |

## PAYMENT

Please provide your check made out to 'Ecotrust' or your credit card information below and return this form to:

**Sarah O'Neal**  
State of the Salmon  
721 NW Ninth Avenue, Suite 200  
Portland, OR 97209  
[soneal@wildsalmoncenter.org](mailto:soneal@wildsalmoncenter.org)  
TEL: 971.255.5580  
FAX: 503.227.1517

Once received, a confirmation email will be sent with your receipt and information, including additional information for submitting artwork.

CARDHOLDER'S NAME

CARD NUMBER

EXPIRATION DATE [MM-YY]

- VISA  
 MASTERCARD  
 AMERICAN EXPRESS