

**Municipal Waste Management Association Fall Summit**  
**Conference Registration and Hotel Reservations**  
 October 28-30, 2009  
 Orlando, FL

**SPONSORS**

*(Each guest must register with this form)*

Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Preferred Name on Badge \_\_\_\_\_

Name of Spouse/Partner \_\_\_\_\_

(No fee for spouses under sponsorships)

Attendee has special needs:                      Yes                       No       (If yes, USCM will contact)

Platinum Sponsor	<input type="checkbox"/>	\$12,000	Includes 5 registrations
Gold Level Sponsor	<input type="checkbox"/>	\$8,000	Includes 3 registrations
Silver Sponsor	<input type="checkbox"/>	\$5,000	Includes 2 registrations
Social Event Sponsor	<input type="checkbox"/>	\$10,000	Includes 4 registrations
Opening Reception Sponsor	<input type="checkbox"/>	\$5,000	Includes 2 registrations
Luncheon Reception Sponsor	<input type="checkbox"/>	\$2,500	Includes 1 registration
Onsite Program Sponsor	<input type="checkbox"/>	\$1,500	Includes 1 registration
Breakfast Sponsor	<input type="checkbox"/>	\$1,500	Includes 1 registration
Coffee Break Sponsor	<input type="checkbox"/>	\$1000	Includes 1 registration

**PLEASE RETURN THIS FORM TO:**

The U.S. Conference of Mayors  
*Attention: Monica B. Adams*  
 1620 Eye Street, NW  
 Washington, DC 20006  
 Telephone (202)861-6789 \*\*\* Fax (202)467-4276

**PLEASE SEE ATTACHED FOR HOTEL RESERVATION REQUEST FORM**