



**SPONSORSHIP COMMITMENT FORM**  
**14<sup>th</sup> Conference on Cold Regions Engineering**  
**Duluth, Minnesota, USA**  
**August 30 – September 2, 2009**



*http://content.asce.org/conferences/coldregions2009/index.html*

**Sponsoring Company Information**

Company Name: \_\_\_\_\_  
 Company Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

**Conference Contact Information**

Name (Mr. / Mrs. / Ms.): \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Website Address: \_\_\_\_\_

**Contact Information:**

Caroline Clement  
 ASCE Duluth Section  
 c/o WLSSD  
 2626 Courtland Street  
 Duluth, MN 55806-1894  
 Tel: (218) 740-4782

***Fax or email completed form to  
 Fax (218) 727-7471***

[Carrie.clement@WLSSD.Duluth.MN.US](mailto:Carrie.clement@WLSSD.Duluth.MN.US)

**We are committed to the following sponsorship opportunity at the 14<sup>th</sup> Conference on Cold Regions Engineering in Duluth, Minnesota, USA, held on August 30 – September 2, 2009.**

**Sponsorship Information**

Sponsorship Opportunity Level: \_\_\_\_\_  
 Total Sponsorship Amount: \_\_\_\_\_

**We agree to the following sponsorship terms and will complete our financial obligation according to the following schedule:  
 Financial Terms (please check one):**

- Due Upon Receipt of Invoice, -or-:
- Enclosed: \$ \_\_\_\_\_ -or-:
- Credit Card Payment

*Total amount due by June 30, 2009 to ensure company in Final Program. If you are within 2 weeks of June 30, 2009, please fax this form to 218-727-7471, to make sure it is in time to be recognized in the Final Program.*

**Payment Information**

**Payment by Check**

**Make Check Payable to: ASCE COLD REGIONS**

**Mail Check to:**  
 Caroline Clement  
 WLSSD  
 2626 Courtland Street  
 Duluth, MN 55806-1894

**Payment by Credit Card**

Credit Card Type: \_\_\_\_\_  
 Credit Card Exp Date: \_\_\_\_\_  
 Credit Card#: \_\_\_\_\_  
 Card Holder Name: \_\_\_\_\_  
 Card holder Zip Code: \_\_\_\_\_  
 or contact Susan Goldstein at (703) 295-6347

**Name and Signature of individual with the authority to make this financial commitment on behalf of the company: (Please Print)**

Name (Mr. / Mrs. / Ms.): \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Signature: \_\_\_\_\_