

Partners Program and Fall Conference Contributions

PLATINUM OR GOLD APPLICATION

Company Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
Email Address:		
Contact Person:		
• • •	would like to become a WAMOA language would like to become a WAMO.	
	eive all information necessary to	d Gold Partner applicants personally ensure your WAMOA partnership is
	Conference Spons	orship
J 1 J	d in making a contribution toward the Conference Chair contact me.	
Company Name:		
Address:		
City:	State:	Zip:
Phone:	Email:	

Email to:

office@wamoa.org WAMOA, P.O. Box 1955, Deer Park, WA 99006, Ph: (509) 276-7341