



PSATC Corporate Partnership Registration Form

*Registration form, logo and payment must be received by September 1, 2024,
for inclusion in the Annual Dinner Program Book.*

Date: _____
Company: _____
Address: _____
Contact: _____
Email: _____

Please select your firm's partnership level:
(Benefits of each level are outlined on accompanying pages.)

Web Marketplace: \$500

Bronze Level: \$1,000

Silver Level: \$2,500

Gold Level: \$5,000

Check is enclosed.

I prefer a credit card payment.

(Please contact Susan Helms at shelms@pml.org
to arrange payment.)

Please send checks and completed forms to:
PSATC
414 North Second Street
Harrisburg PA 17101