



2025 Corporate Partnership Program Form

Date: _____

Firm Name: _____

Address: _____

Contact Name: _____

Contact Email: _____

Please select your firm's sponsorship level:
(Benefits of each level are listed on accompanying page.)

___ Gold: \$5,000

___ Silver: \$2,500

___ Bronze: \$1,000

___ Corporate Partner Marketplace: \$500

Payment:

Please send completed form and check made out to PSATC to:

PSATC

414 North Second Street

Harrisburg PA 17101

Payment by credit card is available by contacting Susan Helms at shelms@pml.org