



WTS Minnesota Partnership 2017

To participate in the WTS Minnesota Corporate Partnership Program, return a copy of this registration form with a check payable to WTS Minnesota before January 1, 2017.

Thank you!

Name of Organization _____

Address _____

City _____ State _____ Zip _____

Name of Contact Person _____

Email Address _____

Phone _____

Company description (no more than 30 words) _____

Level of Partnership (select one) Amount of enclosed check _____

Advocate \$2500

Supporter \$1000

Small Business Supporter \$500

Questions? Please contact Michelle Julius at michelle.julius@aecom.com.

Enclose a copy of this completed form with your check and send to:

WTS Minnesota
PO Box 14165
St. Paul, MN 55114