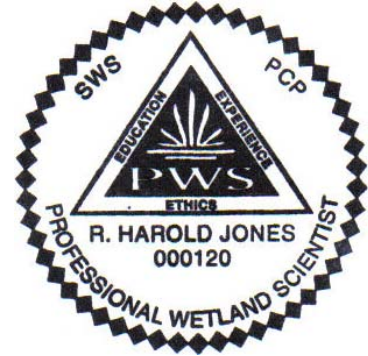




## PROFESSIONAL WETLAND SCIENTISTS

*Society of Wetland Scientists Professional Certification Program*

### PWS Seal Order Form



Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Street Address (1): \_\_\_\_\_

Street Address (2): \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

PWS #: \_\_\_\_\_

Please specify how you want your name on your seal (Middle Name, Ph.D., M.S., etc):

\_\_\_\_\_

**Total Cost of Seal + Shipping: \$45.00**

*Effective February 1, 2010*

Payment Method: Check

Credit Card (Visa or MasterCard Only)

Please make checks payable to SWSPCP. Checks made out to SWS will be returned.

Name on Credit Card: \_\_\_\_\_

Card Type: \_\_\_\_\_

Card Number: \_\_\_\_\_

Card Expiration Date: \_\_\_\_\_

Billing Address of Cardholder: \_\_\_\_\_

\_\_\_\_\_

Please send this form, along with payment, to Elizabeth DeWolfe at the SWSPCP Business Office at 1901 North Roselle Rd, Suite 920, Schaumburg, IL 60195. If using a credit card, you can fax this sheet to ATTN: Elizabeth DeWolfe at (847) 885-8393.