



PROFESSIONAL WETLAND SCIENTISTS

Society of Wetland Scientists Professional Certification Program

PWS Seal Order Form

Sample:



Personalized, self-inking seal

Last Name: _____

First Name: _____

Street Address: _____

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: _____ Visa MasterCard

Card Number: _____

Card Expiration Date: _____ 3-digit security code: _____

Billing Address of Cardholder: _____

Please send this form along with payment to:

SWSPCP Business Office

1901 North Roselle Rd, Suite 920, Schaumburg, IL 60195

If using a credit card, you can fax to (847) 885-8393

1901 N. Roselle Rd. • Suite 920 • Schaumburg, IL 60195

Phone: (847) 885-7400 • Fax: (847) 885-8393