



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: _____

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: \$35.75

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 Jeff Hudson 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: Jeff Hudson at (847) 885-8393.