

Technology/Service Provider Subscriber Form

Thank you for being a Subscriber of the WEF SWI!

The SWI Technology/Service Provider Subscriber category is open to consulting firms; engineering firms; equipment manufacturers; laboratories; technology companies; construction companies; and law firms. In addition to other benefits, SWI Subscribers are regularly listed and thanked on our website and in WEF/SWI publications. Annual rates for Technology/Service Provider Subscribers are based on total number of employees that work for your company and will be billed according to your anniversary date. Each Technology/Service Provider Subscriber is allotted one (1) Primary Contact and one (1) Alternate Contact who will be the recipients of information from the SWI, invitations to SWI events, and your conduit to the SWI. For larger organizations, we offer the ability to identify additional contacts, which may be listed on the back of this form. If any of your contacts change, please notify the SWI. Additionally, we encourage you to fill out the Demographic Information section so that we may better plan and serve you – our SWI Subscribers!

Primary Contact Information			
First Name		Last Name	
Title		Organization Name	
Street or P.O. Box			City
State/Province		Country	Postal Code
Business Phone	Mobile	E-mail	

Secondary Contact Information			
First Name		Last Name	
Title		Organization Name	
Street or P.O. Box			City
State/Province		Country	Postal Code
Business Phone	Mobile	E-mail	

Demographic Information			
Type of Organization <small>Check all that apply</small> <input type="checkbox"/> Consulting <input type="checkbox"/> Engineering <input type="checkbox"/> Equipment Mfg. <input type="checkbox"/> Laboratory <input type="checkbox"/> Technology <input type="checkbox"/> Construction <input type="checkbox"/> Law Firm <input type="checkbox"/> Other: _____	Stormwater Clients Served <small>Check all that apply</small> <input type="checkbox"/> Phase I <input type="checkbox"/> Phase II <input type="checkbox"/> Regional MS4 <input type="checkbox"/> Municipal MS4 <input type="checkbox"/> Utility MS4 <input type="checkbox"/> Non-Traditional <input type="checkbox"/> CSO <input type="checkbox"/> SSO <input type="checkbox"/> Combined <input type="checkbox"/> Urban <input type="checkbox"/> Peri-Urban <input type="checkbox"/> Other: _____	What are the top Stormwater Issues <small>Rank Top 3</small> <input type="checkbox"/> Flooding <input type="checkbox"/> Nutrients <input type="checkbox"/> Sediment <input type="checkbox"/> TMDLs <input type="checkbox"/> Aging Infrastructure <input type="checkbox"/> Stream Restoration <input type="checkbox"/> BMP Management <input type="checkbox"/> Agriculture Runoff <input type="checkbox"/> Bacteria <input type="checkbox"/> Public Engagement/ Participation <input type="checkbox"/> Funding <input type="checkbox"/> Other: _____	Products/Services You Provide <small>Check all that apply</small> <input type="checkbox"/> Public Outreach <input type="checkbox"/> Policy Development <input type="checkbox"/> IDDE <input type="checkbox"/> P2 Plans <input type="checkbox"/> Monitoring/Lab <input type="checkbox"/> Program Mgt. <input type="checkbox"/> Green Infrastructure <input type="checkbox"/> Financing/Fees <input type="checkbox"/> Watershed Plans <input type="checkbox"/> Stream Restoration <input type="checkbox"/> Other: _____

Technology/Service Provider Subscriber Rates		
Number of Employees	No. of contacts	Annual Rate
<input type="checkbox"/> 1 – 50	2	\$1,500
<input type="checkbox"/> 50 – 100	4	\$3,000
<input type="checkbox"/> 100 – 500	8	\$5,000
<input type="checkbox"/> 500 – 1000	10	\$7,500
<input type="checkbox"/> 1000 – 5000	12	\$15,000
<input type="checkbox"/> > 5000	12	\$20,000

Please enter amount in Payment section, and complete any additional contact information on the back of this form.

For more information

Seth P. Brown, PE
 Director, Stormwater Programs
 SBrown@wef.org
 202-774-8097

Marlou Gregory
 Sr. Advisor, SWI
 MGregory@wef.org
 703-684-2400
 Ext. 2460

Mail Form & Payment to:

Stormwater Institute, Attn: SWI Membership
 c/o Water Environment Federation
 601 Wythe Street, Alexandria, VA 22314

Payment		Forms received without payment will not be processed		Federal Tax ID #: 53-0225129			
<input type="checkbox"/> Check	Check No.						
<input type="checkbox"/> Credit Card	<input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA						
Card Number	Exp Date	CVV					
Name on Card							
Billing Address							
City			State/Province				
Country			Postal Code				
Signature					<table border="1"> <tr> <td>TOTAL</td> <td>\$</td> </tr> </table>	TOTAL	\$
TOTAL	\$						
<small>I authorize WEF to charge my credit card for the amount indicated.</small>							

Approval	
Signature <small>(Signature required for all applications)</small>	Date

Additional Contact Information			
First Name		Last Name	
Title		Organization Name	
Street or P.O. Box			City
State/Province		Country	Postal Code
Business Phone	Mobile		E-mail

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