

**Mary Kay O'Connor Process Safety Center
Consortium Membership**

Organization _____

Contact _____

Address _____

City, State, Zip _____

E-mail Address _____

Company Designee for the Steering Committee

Title

- Partner Level - Consortium Membership fee __ \$20,000
- Sponsor level - Consortium Membership fee __ \$10,000
- Associate level - Consortium Membership fee __ \$5,000
- Individual - Consortium Membership fee __ \$1000

PAYMENT METHOD

Our check is enclosed for \$_____ (*payable to Mary Kay O'Connor Process Safety Center.*)

Charge \$_____ to my: VISA • MasterCard • American Express • Diners Club

Card Number

Exp. Date

Name As It Appears on Card

SIGNATURE _____

PLEASE RETURN WITH PAYMENT TO:

Mary Kay O'Connor Process Safety Center, Texas A&M University
3122 TAMU, 244 JEB Bldg, College Station, TX 77843-3122

<http://process-safety.tamu.edu>