



Mary Kay O'Connor Process Safety Center

Consortium Membership

Organization _____

Contact _____

Address _____

City, State Zip _____

E-mail Address _____

Company Designee for the Steering Committee

Address of Company Designee (if different from above) Phone, Fax, Email _____ Title _____

Please indicate choice
of membership level:

Partner Level Consortium Membership fee -- \$20,000

Sponsor Level Consortium Membership fee -- \$10,000

Advisor Level Consortium Membership fee -- \$5,000

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