



## CWA Sponsorship Application Form

**Organization Name:**

\_\_\_\_\_ *Please write full name, as it should be displayed in CWA communications and publications*

**Level of Sponsorship:**  level 1  level 2  level 3  level 4  level 5

**Primary Contact:** \_\_\_\_\_

*\* The primary contact will receive all CWA mailings and information*

Title / Position:

Department:

Address:

Phone:

Fax:

Email:

Assistant:

**Billing contact:** \_\_\_\_\_

Title / Position:

Department:

Address:

Phone:

Fax:

Email:

**Date:**

**Name:**

**Signature:**



## Consents:

- CWA can use my organization name in its communications and publications:  Y  N
- CWA can use my organization's logo in its communications and publications:  Y  N

## Interests:

Please indicate below which CWA sponsorship benefits you are interested in:

- Co-hosting a CWA topical meeting:  Y  N
- A 1-day Seminar entitled "The relevance of new Semantic Web Technologies for your company" held at your location (\$10,000 fee):  Y  N
- CWA certification of your company/organization's tools and content:  Y  N
- Investment opportunities in CWA's D&I (Discoveries and Innovations) companies:  Y  N
- What kind of CWA topical meetings are you most likely to attend:
  - Technical development workshops:  Y  N
  - Business applications workshops:  Y  N
  - Academic developments workshops:  Y  N

Please email completed and signed Application to [info@conceptweballiance.org](mailto:info@conceptweballiance.org)

Or fax to: +31 (0)24 890 1798