

# **MWA Fall Workshop 2011**

**White Oaks Resort,  
Niagara-on-the Lake, ON,  
October 27, 2011**

*Updates on MHSW, WEEE and tire  
programs;*

*A new face at the WDO*

*Markets and trends*

*MWA P&E Awards*

**Advertiser's prospectus**

*program ads,  
inserts:*

***NOTE—there is no trade show***

**MWA 2011 Fall Workshop  
Thursday, October 27, 2011  
White Oaks Resort, Niagara-on-the-Lake, ON**

## **YOUR AUDIENCE:**

**Decision-makers in the municipal waste field,  
municipal staff, consultants, organizations, businesses**

**Get your message out via program ads and/or inserts  
(please note there is NO TRADE SHOW with this event)**

## **CHOOSE YOUR ADVERTISING LEVEL**

### **PLATINUM ADVERTISER: \$2,500**

*a full page ad in the workshop program  
placement of promotional material (up to 5 sheets) in delegate kit  
and recognition as main advertiser on the cover of the delegate kit  
three complimentary workshop registrations*

### **SILVER ADVERTISER: \$750**

*a half-page ad in the workshop program  
one complimentary workshop registration,  
placement of promotional material (one sheet) in delegate kit*

### **BRONZE ADVERTISER: \$500**

*a quarter-page ad in the conference program  
one complimentary workshop registration*

**More information: Contact Ben Bennett, MWA  
[www.municipalwaste.ca/events.cfm](http://www.municipalwaste.ca/events.cfm)  
[ben@municipalwaste.ca](mailto:ben@municipalwaste.ca) (519) 823-1990**

# MWA Fall 2010 Workshop

White Oaks resort, Niagara-on-the-Lake, ON,  
Thursday, October 27, 2011

## ADVERTISER CONFIRMATION FORM

**NOTE: You can also confirm your advertisement online  
— visit [www.municipalwaste.ca](http://www.municipalwaste.ca) and link  
or (<http://www.surveymonkey.com/s/3X7RXP9>)**

NAME.....

COMPANY.....

ADDRESS.....

TEL #..... FAX #.....

### JUST THREE ADVERTISING LEVELS

Platinum (\$2,500).....

Silver (\$750).....

Bronze (\$500).....

OUR CHEQUE FOR \$..... IS IN THE MAIL{.....}

BILL ME AT THE ABOVE ADDRESS {.....}

OR USE YOUR VISA/MASTERCARD

Visa  Master Card  \_\_\_\_\_  
Cardholder's name as it appears on card      Expiry date

\_\_\_\_\_  
Credit card number

\_\_\_\_\_  
Cardholder's signature

**I understand you will be in touch regarding our program ad  
and/or insert**

Please fax to MWA at 519 823-0084

MWA, Suite 100, 127 Wyndham St. N, Guelph, ON N1H 4E9

