



57th ANNUAL MEETING

Permian Basin Petroleum Association

October 23rd & 24th 2019

Register

☐ **ALL EVENTS** **\$500**

Wednesday, October 23rd 2019

Permian Basin Petroleum Museum
1500 W Interstate 20, Midland, Texas
6:00PM - 8:00PM

☐ **Opening Welcome Reception** **\$200**

Thursday, October 24th 2019

Barbara & George HW Bush Convention & Civics Centers
105 N. Main St, Midland, Texas
7:30AM - 4:00PM

☐ **Kick-Off Breakfast/Technical Sessions** **\$200**

☐ **Keynote Luncheon/Industry Panels** **\$200**

*Detailed Agenda to follow

Sponsor

*Deadline to Sponsor: October 10th

☐ **Platinum** **\$7,500**

Receives exclusive recognition in event program and all event printed materials, signage at all aspects of the event and in the main ballroom, and recognition in the PBOG magazine.

☐ **All-Events** **\$5,000**

Receives recognition in all event printed materials, signage at all meeting events, and PBOG magazine.

☐ **Black Gold** **\$3,000**

Receives recognition in all event printed materials, signage at registration table both days, and PBOG magazine.

☐ **Welcome Cocktail Reception** **\$1,500**

Receives recognition in all event printed materials, signage at Welcome Cocktail Reception, and PBOG magazine.

☐ **Membership Luncheon** **\$1,000**

Receives recognition in all event printed materials, signage at Membership Luncheon, and PBOG magazine.

☐ **Kick Off Breakfast** **\$1,000**

Receives recognition in all event printed materials, signage at Kick-Off Breakfast, and PBOG magazine.

☐ **Technical Sessions/Industry Panels** **\$750**

Receives recognition in all event printed materials, signage during afternoon sessions, and PBOG magazine.

*Please note that every \$500 sponsored, covers one individual's event registration. For example: A \$1,500 sponsorship allows for three attendees.

Registration & Sponsorship Information:

Full Company Name _____
(Exact for Sponsorship Purposes)

Name _____

Email _____

Mailing Address _____

City, State, Zip _____

Telephone _____

Payment Information:

Total Amount \$ _____

☐ Check enclosed (Payable to PBPA) ☐ Please bill me

☐ Visa ☐ MasterCard ☐ AMEX (+3% Credit Card fee) Credit Card # _____

Name of card holder: _____ Exp. date: ____/____ CVC: _____ Zip code: _____

Please return form with payment by October 9th 2019 to:

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