

SIUE School of Pharmacy Mission

The mission of the School is to prepare health care professionals capable of providing high-quality health care to meet the diverse pharmaceutical care needs of the citizens of Illinois and to serve the profession of pharmacy through a balanced program of education, research, service and patient care.

Tournament Goal

Funds raised at the golf event will go to support our students, faculty and staff as they pursue excellence in teaching, pharmacy practice, research, scholarship and service

Continuing Education Symposium

"A Primer in Pain Control" and "New Drugs and Medical Devices"

Presented by: Chris Herndon, PharmD
Target Audience: Pharmacists and pharmacy technicians in all practice settings.

Time: Continuing Education check-in, 9:30 a.m., CE Program 10:00-Noon.

Continuing Education Information:

This program is co-sponsored by the SIUE School of Pharmacy and the Illinois Pharmacy Association, which is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.



"A Primer in Pain Control and New Drugs and Medical Devices" (ACPE #135-999-07-109-L01) has been assigned .1 Contact hours or 0.1 CEU's. "New Drugs and Medical Devices" (ACPE #135-999-07-110-L01) has been assigned .1 contact hours or 0.1 CEU's. Pharmacists are required to complete and submit an attendance verification & evaluation form at the conclusion of each program. Continuing education statements will be mailed within 4-6 weeks.

Mark your Calendar for Friday, September 28th...
Golf Scramble & Continuing Education Symposium!

Southern Illinois University Edwardsville
School of Pharmacy
200 University Park Drive
Edwardsville, IL 62026

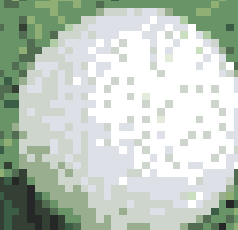
SOUTHERN ILLINOIS UNIVERSITY
EDWARDSVILLE
SCHOOL OF PHARMACY

Inaugural Golf Scramble

Friday
September 28, 2007
at



SIUE School of Pharmacy
200 University Park Drive
Edwardsville, IL 62026
Phone: 618-650-5154
Fax: 618-650-5152
www.siu.edu/pharmacy



SIUE School of Pharmacy Inaugural Golf Scramble

Presented by



Additional Sponsors

**Enloe Drugs, an Omnicare Co.
Shop 'n Save Pharmacy**

Friday, September 28, 2007
Sunset Hills Country Club

What: Continuing Education Symposium, benefit golf scramble, tee prizes and post-tournament awards, auction and party.

When: Continuing Education check-in, 10 a.m., CE Program 10:30-Noon. Golf scramble check in between 11 and 12:45, 1 p.m. Tee Off.

Where: Sunset Hills Country Club, 2725 Highway 157 South, Edwardsville, IL 62025.

Who: First 144 paid entries. Entry fee includes CE program, greens fee, golf cart, lunch, goodie bag, prizes and post scramble awards, activities and dinner.

Contests: Hole-in-One; Closest to the Pin; Longest Putt; 50/50 Raffle; Silent Auction; Mulligans; Skins and Attendance Prizes.

Refreshments: Beverages will be available on the course throughout the day. No coolers.

Dress Code: Shirts must have sleeves and collars. No blue jeans. Golf shoes with soft spikes are required on the golf course and practice areas.



Sponsorship Opportunities

- Eagle Sponsor—\$3,500
- Birdie Sponsor—\$2,500
- Dinner Sponsor—\$1,500
- Venue Sponsors—\$1,000
 - Continuing Education
 - Hole-in-One
 - Beverage Cart
 - Golf Carts
 - Driving Range
- Box Lunch Sponsor—\$500
- Hole Sponsors—\$150 (email logo and/or artwork to teandre@siue.edu)

Other Donor/Sponsor Opportunities

- I/We will donate an item to the Silent Auction.
(Auction items needed by Fri., Sept. 14)

Name: _____

Item: _____ Value _____

Phone: _____

Email: _____

- I/We will donate an item to be included in the goodie bags (150 items needed by Friday, Sept. 14)

Name: _____

Item: _____

Email: _____

Phone: _____

- I am unable attend but would like to sponsor a student to golf in my place. (\$125 per student)

Name: _____

Phone: _____

Email: _____

Phone: _____

Registration

Golf Event & CE Program

\$ _____ \$125 Per Person

\$ _____ \$500 Per Foursome

Mulligans

\$ _____ \$20 Per Team

(4 Mulligans per team or 1 per player)

Skins

\$ _____ \$40 Per Team

Dinner Only

\$ _____ \$25 Per Person

CE Program Only

\$ _____ \$25 Per Person

Sponsor Student Golfer

\$ _____ \$125 Per Student

Contribution to the SIUE School of Pharmacy

\$ _____

Player 1: (Contact Person)

Name _____

Address _____

City _____ State _____ Zip _____

Practice Site/Corporation: _____

Phone Number _____

E-Mail Address: _____

Player 2:

Practice Site/Corporation: _____

Phone Number _____

E-Mail Address: _____

Player 3:

Practice Site/Corporation: _____

Phone Number _____

E-Mail Address: _____

Player 4:

Practice Site/Corporation: _____

Phone Number _____

E-Mail Address: _____

Enter individually or as a foursome.

- Enclosed is my check for \$ _____

(Make checks payable to SIUE School of Pharmacy)

- Please charge \$ _____ to my Mastercard or Visa (Circle One)

Card Number: _____

Expiration Date: _____

Signature: _____