

**Southern Illinois University Edwardsville School of Pharmacy
Golf Scramble Friday, September 30, 2011
Sunset Hills Country Club * Edwardsville, Illinois**

Sponsorship and Registration Form

Corporate Sponsorship Information

Company Name (please print exactly as you would like your company's name to appear in the program):

Contact: _____ Phone: _____

E-mail: _____

Sponsorship Levels

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Title (\$5,000) | <input type="checkbox"/> Eagle (\$3,500) | <input type="checkbox"/> Birdie (\$2,500) | <input type="checkbox"/> Dinner (\$1,500) |
| <input type="checkbox"/> Continuing Education (\$1,000) | <input type="checkbox"/> Hole in One (\$1,000) | <input type="checkbox"/> Beverage Cart (\$1,000) | |
| <input type="checkbox"/> Golf Carts (\$1,000) | <input type="checkbox"/> Box Lunch (\$500) | <input type="checkbox"/> Hole Sponsor (\$150) | |

*If you wish, please enclose with your payment any text or camera-ready art work that should appear on your sign.
If you would like an invoice for one of the above categories, please email or call Dana (see contact info below).*

Player Registration - Limited to 144 players. Accepted on a first-come, first-served basis.

- Individual golfer - \$125, space permitting Foursome - \$500, space permitting

Player #1: _____ **Phone** _____ **E-mail** _____

Phone: _____ Address: _____

Player #2: _____ Phone _____ E-mail: _____

Player #3: _____ Phone _____ E-mail: _____

Player #4: _____ Phone _____ E-mail: _____

Total enclosed for registration: \$ _____

- I am unable to attend, but enclosed is my tax-deductible contribution of \$ _____
- I cannot attend but would like to sponsor _____ students to golf at \$125 each for a total of \$ _____
- I/We will donate an attendance prize item. Please contact me.

If you are unable to assemble a foursome, the School of Pharmacy staff will be happy to arrange one for you.

Payment Information - Registration is non-refundable.

Enclosed is a check for \$ _____ made payable to SIUE School of Pharmacy.

Please charge \$ _____ to my: () Visa () MasterCard () Discover

Account Number: _____ Expiration Date: _____

Name as it appears on card: _____ Signature: _____