

## Tournament Goal

Funds raised at the golf event support student centered programs like the Emergency Student Loan and Experiential Stipend Fund programs; Capstone Project expenses; travel for students attending national pharmacy conferences; and other areas of need.

## Continuing Education Symposium

### "Assisting patients with Celiac Disease in the Community Pharmacy"

Learning Objectives: Upon completion of this activity, the participant should be able to:

1. Describe the pathophysiology and identify clinical features, such as signs and symptoms, of celiac disease.
2. Educate patients about the gluten-free diet treatment for celiac disease.
3. Analyze nonprescription medication labels and prescription medication package inserts to identify sources of gluten and help to select gluten-free products for patients with celiac disease.
4. Identify and discuss available resources for celiac disease and those that aid in determining if nonprescription and prescription medications contain gluten.

Activity Type: Application

Target Audience: Pharmacists

Faculty : Miranda Wilhelm, Pharm.D., Clinical Assistant Professor of Pharmacy Practice.

Activity Date/Location: September 30, 2011, Sunset Hills Country Club, Edwardsville, IL

Check In: 9:30 a.m., CE Activity 10:00-Noon



The SIUE School of Pharmacy is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.

This application-based activity is designated for 2.0 contact hours (0.2 CEU). UAN 0480-0000-11-001-L01-P

You must attend the entire activity and complete an activity evaluation form at the conclusion of the activity to obtain credit. An official CE statement of credit will be mailed within 4-6 weeks of activity completion.

Mark your Calendar for Friday, September 30th...  
Golf Scramble & Continuing Education Symposium!

Southern Illinois University Edwardsville  
School of Pharmacy  
200 University Park Drive  
Edwardsville, IL 62025

SOUTHERN ILLINOIS UNIVERSITY  
**EDWARDSVILLE**

SCHOOL OF PHARMACY

# 5th Annual Golf Scramble

Friday  
September 30, 2011  
at



SIUE School of Pharmacy  
200 University Park Drive  
Edwardsville, IL 62025  
Phone: 618-650-5156  
Fax: 618-650-5152  
[www.siue.edu/pharmacy](http://www.siue.edu/pharmacy)



## SIUE School of Pharmacy Annual Golf Scramble

Presented by



**Friday, September 30, 2011**  
**Sunset Hills Country Club**

**What:** Golf Scramble, Continuing Education Symposium for Pharmacists, and post-tournament awards/dinner.

**When:** Continuing Education Check-in begins 9:30 am; CE Program 10:00 am–12:00 pm; Lunch 12:00 pm–1:00 pm; Golf Scramble Check-in 11:00 am–12:45 pm; Tee Off 1:00 pm.

**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, prizes and post-scramble awards, activities and dinner.

**Contests:** Hole-in-One (You could win a BMW from Newbold BMW and numerous other prizes), Closest to the Pin, Longest Putt, Mulligans, Skins and Attendance Prizes.

**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 Sponsor—\$1,000
  - Continuing Education
  - Hole-in-One
  - Beverage Cart
  - Golf Carts
  - Driving Range
- Box Lunch Sponsor—\$500
- Hole Sponsor—\$150

(email logo and/or artwork to ddain@siue.edu)

### Other Donor/Sponsor Opportunities

- I/We will donate a participation prize  
(Items needed by Wednesday, September 21)

Name: \_\_\_\_\_  
Item: \_\_\_\_\_ Value \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

- I am unable attend but would like to sponsor a student to golf in my place. (\$100 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

\$ \_\_\_\_\_ \$20 Per Person

#### CE Program Only

\$ \_\_\_\_\_ \$25 Per Person

#### Sponsor Student Golfer

\$ \_\_\_\_\_ \$100 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: \_\_\_\_\_