

Southern Illinois University Edwardsville School of Pharmacy
Golf Scramble Friday, September 24, 2010
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 Terri Andrews (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:** _____

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

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.
 I/We will donate an item to be included in the goodie bags. (150 items needed by Friday, Sept. 10)

Payment Information: Registration in 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: _____

Proceeds benefit the Southern Illinois University Edwardsville School of Pharmacy

Questions? Please contact Terri Andrews at teandre@siue.edu or (618) 650-5154