



ACHCA ALBERT SLATKY MEMORIAL GOLF OUTING



Monday, May 17, 2010
Ron Jaworski's Valleybrook
Country Club
200 Golfview Dr. Blackwood, NJ
www.valleybrookgolf.com

Scramble Format
Registration: 6:00 a.m.
Shotgun: 7:00 a.m.
Transportation Available
Prize luncheon immediately following golf

ENTRY FEES

Includes golf, bag drop, scoring, assigned carts, and contests.

- _____ **\$125 single** \$65 tax deductible
- _____ **\$500 per foursome** \$260 tax deductible
- _____ **\$40 team mulligans** 8 per team
Mulligans fully tax deductible and may be purchased at outing
- _____ **Total entry fees/mulligans**

OPTIONAL SPONSORSHIPS

Sponsor Name as it should appear in promotional materials:

- _____ \$200 Tee Sponsor
- _____ \$650 Foursome + Tee Sponsorship
- _____ \$1000 Gold Sponsor, includes:
 - Foursome
 - Team photo taken by sponsor sign
 - Acknowledgement at course
 - Acknowledgement in conference program
 - Sign exposure at conference registration, exhibit hall, and awards dinner
- _____ \$2500 Corporate Sponsor, includes all Gold sponsor benefits, plus:
 - Sponsored table at Annual Awards Banquet
 - Promotional item/brochure in all conference registration packets
- _____ \$5000 Platinum Sponsor, includes all Corporate sponsor benefits, plus:
 - 10x10 inline booth at exposition
 - Placement of sponsor banner at golf outing and conference (sponsor-provided banner)
- _____ **Total sponsorships**
- _____ **Total Fees + Sponsorships**

- Payment is included on my Convocation Registration Form** *Please submit this golf form with your Convocation registration form and payment*
- Please process golf payment separately from my Convocation Registration**

Complete the box below ONLY if you would like your golf outing payment processed separately from your Convocation registration – or if you have already submitted your Convocation registration.

Check enclosed (make payable to:ACHCA)

Please Bill My:

Visa Mastercard AmEx

Card Number: _____ Expiration Date: _____

Cardholder Name: _____

Cardholder Signature: _____

For ACHCA use only

Date Received: _____ Faxed to committee on: _____

PLAYER REGISTRATION

please print clearly

Name: _____

Organization: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Handicap or Average Score: _____

Rent Clubs? Y N Left-Handed Right-Handed

Name: _____

Organization: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Handicap or Average Score: _____

Rent Clubs? Y N Left-Handed Right-Handed

Name: _____

Organization: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Handicap or Average Score: _____

Rent Clubs? Y N Left-Handed Right-Handed

Name: _____

Organization: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Handicap or Average Score: _____

Rent Clubs? Y N Left-Handed Right-Handed

Please return this form to:
ACHCA Annual Convocation Registration
PO Box 75060
Baltimore, MD 21275-5060
Fax: 866-874-1585

*Prize luncheon immediately following golf.
Proper golf attire is required!*

For any questions related to the golf outing, please contact:
Leigh Weiss, Chair: lweiss@lifestar-response.net
Mike Reynolds: mreynolds@legendmedical.us