

2012 HASC CHARITY GOLF CLASSIC

October 22, 2012 • Oakmont Country Club, Glendale, CA

Benefiting National Health Foundation

SPONSOR REGISTRATION FORM

MAIL OR FAX THIS COMPLETED REGISTRATION FORM TO:

Leticia Salcido, HASC, 515 South Figueroa Street, Suite 1300, Los Angeles, CA 90071-3300 or Fax (213) 629-4272

Questions? Call (213) 538-0737

ORGANIZATION INFORMATION (please print clearly):

Organization Name: _____ Organization Website: _____

Organization Address: _____ City: _____ State: _____ Zip Code: _____

Primary Contact First Name: _____ Last Name: _____

(Required field. Will receive all follow-up communication.)

Title: _____ Email: (required) _____

Phone (Area Code/Number): _____ Fax: _____

SPONSORSHIP OPPORTUNITIES:

Please check the appropriate boxes. For additional information on sponsorship opportunities, see the Sponsorship Opportunities page in your packet or go to www.hasc.org/2012CharityGolfClassic.

\$10,000 OPPORTUNITY

Presenting Sponsor

Includes four (4) tournament playing spots (option to purchase two more player spots at \$425 each); four (4) additional reservations for awards reception; one (1) banner; two (2) on-course tee signs; company recognition on tee gift; corporate name prominently displayed at the tournament; name recognition in promotional material generated by HASC; link to your website on the HASC website; corporate logo incorporated with photos into evening slideshow presentation

\$5,000 OPPORTUNITIES

Golf Cart Sponsor (2 available) **Lunch Sponsor** **Cocktail Reception Sponsor** **Wine Sponsor**

Contest Sponsor **Awards Sponsor**

Includes two (2) tournament playing spots (option to purchase two more player spots at \$425 each); signage; name recognition in promotional material generated by HASC; link to your website on the HASC website; corporate logo incorporated with photos into evening slideshow presentation

\$3,000 OPPORTUNITIES

Breakfast Sponsor **Beverage Sponsor**

Includes one (1) tournament playing spot (option to purchase one more player spot for \$425); signage; name recognition in promotional material generated by HASC; link to your website on the HASC website; corporate logo incorporated with photos into evening slideshow presentation

SPONSORSHIP LEVEL PAYMENT INFORMATION:

Full payment required by September 14.

Enclosed is check # _____ Sponsorship Amount \$ _____

Charge \$ _____ to the following credit card: MasterCard Visa American Express Discover

Card #: _____ Exp. Date: _____

Card Holder Name (print): _____ Signature: _____

Complimentary Registrations by Sponsor Level: \$10,000 : 4 \$5,000 : 2 \$3,000 : 1

Organization: _____ Sponsor Level: _____

COMPLIMENTARY CONFERENCE REGISTRATION(S) (please print):

Sponsors will receive a specified number of registrations on a complimentary basis. Please list your complimentary registrants here.

1. First Name: _____ Last Name: _____ Nickname on Badge: _____

Title: _____ Email: (required) _____ Handicap/SCGA Index (e.g., 13.4): _____

2. First Name: _____ Last Name: _____ Nickname on Badge: _____

Title: _____ Email: (required) _____ Handicap/SCGA Index (e.g., 13.4): _____

3. First Name: _____ Last Name: _____ Nickname on Badge: _____

Title: _____ Email: (required) _____ Handicap/SCGA Index (e.g., 13.4): _____

4. First Name: _____ Last Name: _____ Nickname on Badge: _____

Title: _____ Email: (required) _____ Handicap/SCGA Index (e.g., 13.4): _____

PAID REGISTRANTS:

Please list the names of any additional (paid) registrations at the rate of \$425 per person.

1. First Name: _____ Last Name: _____ Nickname on Badge: _____

Title: _____ Email: (required) _____ Handicap/SCGA Index (e.g., 13.4): _____

2. First Name: _____ Last Name: _____ Nickname on Badge: _____

Title: _____ Email: (required) _____ Handicap/SCGA Index (e.g., 13.4): _____

ADDITIONAL REGISTRATION FEES:

Registration confirmed upon receipt of payment.

Additional Cocktail Reception Tickets – \$75 each \$ _____

Opportunity Drawing Ticket – \$60 each \$ _____

In-Kind Donation \$ _____

Subtotal of paid registrants at \$425 per person \$ _____

TOTAL SPONSOR FEES \$ _____

REGISTRATION PAYMENT INFORMATION:

Enclosed is check # _____ Amount \$ _____

Charge \$ _____ to the following credit card: MasterCard Visa American Express Discover

Card #: _____ Exp. Date: _____

Card Holder Name (print): _____ Signature: _____

• Payment for sponsorship fees must be received by **September 14.**

• Mail payment and make check payable to:

Hospital Association of Southern California, Attn: Leticia Salcido • 515 S. Figueroa St., Suite 1300 • Los Angeles, CA 90071-3300

IMPORTANT REMINDERS:

• Fax registration to (213) 629-4272, attention: Leticia Salcido

Thank you for your registration. HASC will send confirmation to you prior to the event.

If you do not receive a confirmation, please call Leticia Salcido at (213) 538-0737.

QUESTIONS?

• Phone: (213) 538-0737 • Email: lsalcido@hasc.org • Fax: (213) 629-4272

You may be photographed or videotaped at the event. HASC reserves the right to use these items in promotional, marketing, educational and other materials.