

INDIANA HEALTH CARE ASSOCIATION 2012 CONVENTION & EXPO GOLF OUTING - REGISTRATION FORM

NAME OF CORPORATE CONTACT: _____

CORPORATE NAME: _____

(as it should appear on signage)

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE: _____ FAX: _____

E-MAIL: _____

Sponsorship and/or Play-package selection:

- | | |
|--|--|
| <input type="checkbox"/> Title Outing Sponsor - \$3,000 | <input type="checkbox"/> Ace Sponsor - \$1,000 |
| <input type="checkbox"/> Beverage Cart Sponsor - \$500 | <input type="checkbox"/> Eagle Sponsor - \$750 |
| <input type="checkbox"/> Golf Cart Sponsor - \$500 | <input type="checkbox"/> Birdie Sponsor - \$550 |
| <input type="checkbox"/> Hole Sponsor - \$100 | <input type="checkbox"/> Individual Golfer - \$150 |
| <input type="checkbox"/> Driving Range and Putting Green Sponsor - \$100 | <input type="checkbox"/> Lunch Sponsor - \$500 |

Please complete the registration form and return, with payment, by April 13, 2012 to:

Indiana Health Care Association, One North Capitol, Suite, 100, Indianapolis, IN 46204.

Payment form: Check payable to IHCA MC Visa Amex

Card Number: _____

Name on Card: _____

Exp. _____ CVV Number: _____