

2010 REGIRER NURSE SCHOLARSHIP GOLF TOURNAMENT

Sponsorship Opportunities

DATE: Monday, September 20, 2010
TIME: 9:30 AM - 10:30 AM Arrival, Registration, Warm-up, and Range Balls
 11:00 AM - 4:00 PM Shotgun Start and Lunch
 4:00 PM Reception and Awards
LOCATION: Hanging Rock Golf Club, Salem, Virginia

TOURNAMENT INFORMATION:

Shotgun start, captain's choice. Awards will be presented immediately following the tournament at the course. Prizes will include first, second & third place teams, longest drive, closest to the pin, and individual holes. Door prizes will be awarded as well.

SPONSOR CONTACT INFORMATION (Please complete all information)

Sponsor Name (as listed in program) _____
Contact person _____
Address _____
E-mail _____
Phone _____ Fax _____

SPONSORSHIP LEVELS:

- Platinum Sponsor - - - - \$5000**
Includes: large banner at tournament registration, listing in Convention notebook, registration for four company employees in the tournament, recognition at the VHCA Awards Banquet as a Platinum Sponsor and an opportunity to provide a gift to all players.
- Gold Sponsor - - - - - \$1500**
Includes: recognition in Convention notebook, a sign at the tournament, registration for two company employees in the tournament and recognition at the VHCA Awards Banquet.
- Silver Sponsor - - - - - \$1000**
Includes: recognition in Convention notebook, sign at the tournament, and recognition at the VHCA Awards Banquet.
- Hole Sponsor - - - - - \$500**
Includes: recognition in Convention notebook and sign at the tournament.

**Contact Doran Hutchinson
(804) 212-1692
with any questions**

**Return enclosed sponsorship form no
later than Monday, August 23, 2010**

To:

Doran Hutchinson
Virginia Health Care Association,
2112 W. Laburnum Avenue, Suite 206
Richmond, VA 23227
Fax (804) 353-3098
doran.hutchinson@vhca.org

PAYMENT OPTIONS

Check Enclosed MasterCard/Visa

Account # _____ Expiration Date _____

Three Digit Card Verification Code (on back of credit card) _____

Cardholder's Name _____

Signature _____

Credit Card Billing Address _____

City, State Zip Code _____

All cancellations for credit card payments are subject to 10% service fee.

Total \$ _____

*Payments to the Commonwealth Long Term Care Foundation
are tax deductible.*