

PAYMENT FORM

Please use the form below for credit card payments.
We can only accept Visa and MasterCard.

Name _____

Complete billing address _____

City _____ ST _____ Zip _____

Phone # _____ E-Mail _____

Visa or M.C. # only _____

Exp date _____ 3 digit# on back of card _____

Tax Deductible Donation _____

Signature _____

I authorize the Hydrocephalus and Neuroscience Institute to charge the donation amount to my Master Card or Visa

Mail to:

Hydrocephalus & Neuroscience Institute, Inc.
58 West Michigan Street
Orlando, FL 32806
ATTN: Kim Antonetti

Checks payable to same as above

The Hydrocephalus & Neuroscience Institute requests your permission to use your photo. By signing this consent you will be granting permission for HNI to post pictures of you on their website and various forms of publicity media.

Signature _____ Date _____

Thank you for participating in the 2nd Annual Chais Hogan-Ira Invitational Golf Tournament and supporting The Hydrocephalus & Neuroscience Institute at UCF

www.hydrocephalusresearch.org

2nd Annual Chais Hogan-Ira Invitational Golf Tournament



Monday, October 6, 2008

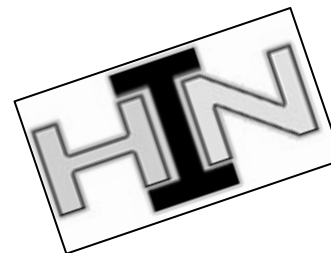
8:00 Registration

9:30 Shotgun Start

All proceeds donated to:

***The Hydrocephalus & Neuroscience Institute, Inc
at UCF***

BE A PART OF THE CURE!



Contact Kim Antonetti

407-649-6474

407-649-6534 (fax)

KAntonetti@PedNeurosurgery.net

Sponsorship Opportunities

___ Event Sponsor \$5,000
Includes greens fees, cart, lunch, 2 comp foursomes, banner display, inclusion on all promotional materials, and recognition at event.

___ Gold Hole Sponsor \$1000
Company name displayed on course, listed in program and Includes one Comp foursome.

___ Silver Hole Sponsor \$500
Company name displayed on sign on course and listed in program.

___ Beverage Cart Sponsor \$500
Company name displayed on beverage cart and listed in program.

___ Team of Four \$600
Includes greens fees, cart, continental breakfast And buffet lunch.

___ Individual Golfer \$150
Includes greens fees, cart, continental breakfast, and buffet lunch.

___ Donate Raffle Prize
Company name will be in program.

___ Donate Goody Bag Item
Due by 09/01/08 (quantities of 100) . Company name will be in program.

Make sure you do not miss this opportunity to expose your company to some of the finest golf enthusiasts in the area!

*We are a 501(c)3 organization
All donations are tax-deductible*

Tournament Entry Form

TEAM CAPTAIN

Name: _____ Phone # _____

Company: _____

Address: _____

City, ST, Zip: _____

E-Mail _____

TEAM MEMBERS

1. Name _____ Phone # _____

Address _____

City, ST, Zip _____

E-Mail _____

2. Name _____ Phone # _____

Address _____

City, ST, Zip _____

E-Mail: _____

3. Name _____ Phone # _____

Address _____

City, ST, Zip _____

E-Mail _____

FORMAT: SCRAMBLE

ALL FEES MUST BE PAID BY—09/01/08