



## Registration Form Supporting Members

Name \_\_\_\_\_

Company \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail \_\_\_\_\_

# Golfers \_\_\_\_\_ #Rooms \_\_\_\_\_ #of Nights \_\_\_\_\_ #Dinners \_\_\_\_\_

Player's names: \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_



Please fill out the remainder of the team with FHEA members.

FHEA Supporting Member \_\_\_\_\_

Please check if Appropriate

Platinum Sponsor \_\_\_\_\_ \$3,500

Gold Sponsor \_\_\_\_\_ \$2,500

Silver Sponsor \_\_\_\_\_ \$ 1,500

Bronze Sponsor \_\_\_\_\_ \$ 750

Drink Cart Sponsor \_\_\_\_\_ \$ 250

Please complete the form above and email it to Lily Salkoff at: [LCSALKOFF@GMAIL.COM](mailto:LCSALKOFF@GMAIL.COM)

Payment can be made online at [www.fhea.org](http://www.fhea.org) Go to the District III page and scroll down to the President's Day Off section.

**RSVP'S AND PAYMENTS MUST BE RECEIVED NO LATER THAN 8/14/2019.**

*Thank you for supporting the Florida Healthcare Engineering Association!*

