Michigan Emergency Medicine Foundation Annual Golf Tournament Tuesday, July 30<sup>th</sup>
The Highlands - Boyne – Harbor Springs, MI

The Heather



## **Golf Outing Sponsorship Form**

Company Name (as it is to appear	er on program material)				
Address					
City	State			ZIP	
Phone					
Contact Person	Contact Emai	1			
NAM	MES OF REPRESENTAT	CIVE(S) To	O BE PRESI	ENT:	
	n the following options at the MEN			•	:
Platinum Sponsor \$1,500 (Name on the Tot	urnament)		Drink Cart S \$550 – (provide	ponsorship es free drinks to golf	iers)
Gold Sponsor \$1,000 (19th Hole Banqu	et/Award Ceremony)				
	est to the Pin/Longest Drive nition on sponsor board)	Sponsor -	\$275 –		
Hole	<b>Sponsor -</b> \$275 – (recognition	on sponsor bo	ard)		
	PLEASE RESPOND	BY JUI	NE 23, 2024	1.	
Authorized Exhibit Representative			Date		
This event supports the <b>Michigan</b> research, scholarship and the str toward unique medical growth of your written cancellation is recei	ategic goals of MCEP. Through pportunities. The MEMF tax ID	the foundati # is 20-1878	on scholarships 821. Cancellatio	are awarded to re ons must be reques	sident physicians ted in writing. If
Payment Method:	□Check Enclosed	□Ма	stercard	$\Box VISA$	□AMEX
Card #		Exp.	Date	Sec.	Code
Signature	Zip Code of Cardholder				

Please make check payable to and send originals to: