

QUALITY: THE ULTIMATE FRONTIER

IHCA
ILLINOIS HEALTH CARE ASSOCIATION

67TH ANNUAL CONVENTION & EXPO

SEPTEMBER 11-14, 2017

PEORIA, IL



ANNUAL GOLF OUTING AND OKSNEVAD 5K RUN/WALK

Annual Golf Outing | Monday, September 11, 2017 | WeaverRidge Golf Club
5K Run/Walk | Tuesday, September 12, 2017 | Peoria

GOLF SPONSORSHIP	Sponsorships Available	Shared Fee	Total	YES, I will sponsor:
Greens	8	\$750	\$6,000	<input type="checkbox"/>
Beverages	3	\$1,000	\$2,250	<input type="checkbox"/>
Lunch	3	\$1,000	\$3,000	<input type="checkbox"/>
Golf Carts	2	\$1,000	\$1,800	<input type="checkbox"/>
Prizes	6	\$750	\$3,600	<input type="checkbox"/>
Awards Reception	3	\$750	\$2,250	<input type="checkbox"/>
Hole in One	1		\$1,250	<input type="checkbox"/>
Driving Range	2	\$500	\$1,000	<input type="checkbox"/>
Golf Hole - exclusive	14		\$500 per hole	<input type="checkbox"/>
Golf Hole - non exclusive	unlimited		\$350 per hole	<input type="checkbox"/>
Foursome and non exclusive hole sign - Save \$100!	unlimited		\$ 850	<input type="checkbox"/>

5K SPONSORSHIP	Sponsorships Available	Shared Fee	Total	YES, I will sponsor:
Starting Line			\$1,000	<input type="checkbox"/>
Finish Line			\$1,000	<input type="checkbox"/>
Hydration Station			\$ 750	<input type="checkbox"/>
T-shirt Ad - Small			\$ 250	<input type="checkbox"/>
T-shirt Ad - Medium			\$ 500	<input type="checkbox"/>
T-shirt Ad - Large			\$1,000	<input type="checkbox"/>

ADVERTISEMENT AND SPONSORSHIP APPLICATION

Rain or shine ... join us for the IHCA Golf Outing to be held on Monday, September 12 at WeaverRidge Golf Club in Peoria.

This event provides a unique opportunity to meet and interact with your colleagues in the long term care profession.

Sponsors are publicized before, during and after this event.

Sponsors will receive signage at the Golf Outing and throughout the convention, publicity in the Convention program book, and in the pre- and post-IHCA Convention publications.

The deadline for reserving your sponsorship for this year will be August 21, 2016. To reserve your sponsorship, complete the form and return it with your payment to IHCA, 1029 South Fourth Street, Springfield, IL 62703 or call Ashley Snavelly at 217-528-6455 or email asnavelly@ihca.com.

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REGISTRATION

Yes! I will participate in the 5K Run/Walk (\$30 through July 30,
\$35 through August 31, \$40 - September 1 through race day)

\$ _____

Yes! I will play golf (\$150 individual / \$560 Foursome)

TOTAL

\$ _____

Name: _____

Email: _____

Company Name: _____

Address: _____

City/State/Zip: _____

If participating in 5K, please select shirt size: S M L (circle one)

I'd like to be included in the following foursome:

Name: _____

Name: _____

Name: _____

Payment Information:

Check Enclosed

Make check payable to: Illinois Health Care Association - PAC
1029 South Fourth Street, Springfield, IL 62703-2224

Charge to: VISA MasterCard AMEX Discover

Credit Card #: _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip: _____

Security Code: _____ Exp. Date: _____ / _____

Signature: _____

For questions or information about the **GOLF OUTING** you may contact **Kristin DiCenso** at kdicenso@IHCA.com or **Matt Hartman** mhartman@IHCA.com or call 217-528-6455.

For questions or information about the **5K RUN/WALK** you may contact **Ashley Snavely** at asnavey@ihca.com or call 217-528-6455.

Amount Paid: _____

Check #: _____

Credit Card: _____

Date Paid: _____