Golf Registration

☐ I will attend the Spring Alumni Reception

☐ I cannot attend the Spring Alumni Reception

Please feel free to RSVP additional alumni, faculty and guests for an enjoyable evening at the reception.

on Saturday

on Saturday

Contact Information: Name Class Year: Company: Email (for event updates):	Register by Phone: 618-474 Register by Mail: SIU School of Dental Medici Attn: Spring Alumni Weeken 2800 College Ave., Building 2 Alton, IL 62002	ne ıd
Team Information: Name of Player:	Consider a Sponsorship:	
I	☐ Bronze Sponsor (1 player)	\$50
	☐ Silver Sponsor (2 players)	\$1,00
2	☐ Gold Sponsor (4 players)	\$2,00
3	Payment:	
4	☐ Team Registration (4 players)	\$80
Checks: Please make all checks payable to: SUIF FOUNDATION	☐ Player Registration (No. of players)	
SIUE FOUNDATION Credit Card: Amount: \$	I cannot attend but please accept my tax-deductible contribution \$	
Card # Expiration Date:	DEADLINE for entry is April 27, 2018	
Billing Address:	Please note that all contributions are tax-deductible to the fullest extent allowable by law. For participants in the golf tournament, \$85 per golfer will be considered fair market value for the benefit received. The remainder of each payment will be accepted as a gift to the SIU School of Dental Medicine Benefit Fund.	
Telephone:		
Signature:		
REGISTRATION FOR THE CONTINUING EDUCATION PI	ROGRAM WILL BE MAILED UNDER SEPARATE COVER	
SPRING A-LUMNI RECE The reception is complimentary for alumni, faculty		

NON-PROFIT POSTAGE PAID PERMIT NO. 4678 ST. LOUIS, MO

\$500

\$1,000

\$2,000

\$800

x \$200

Additional Guests:

SOUTHERN ILLINOIS UNIVERSITY School of Dental Medicine Office of the Dean 2800 College Ave., Building 271 Alton, Illinois 62002

SPRING

FRIDAY, MAY 4, 2018 Saturday, May 5, 2018



Golf, Education, & Celebration