

SIUE School of Pharmacy Mission

The mission of the School is to prepare health care professionals capable of providing high-quality health care to meet the diverse pharmaceutical care needs of the citizens of Illinois and to serve the profession of pharmacy through a balanced program of education, research, service and patient care.

Tournament Goal

Funds raised at the golf event support student centered program like the Emergency Student Loan Program, Experiential Stipend Fund Program and Capstone Project expenses, among other things.

Continuing Education Symposium

“Diabetes: A Clinical Overview for Pharmacists”

Presented by: Chris Lynch, Pharm. D.

Target Audience: Pharmacists and pharmacy technicians in all practice settings.

Time: Continuing Education check-in, 9:30 a.m., CE Program 10:00-Noon.



PHARMACISTS: The SIUE School of Pharmacy is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. This application-based activity is designated for 2.0 contact hours (0.2 CEU). UAN 480-000-09-012-L01-P

You must attend the entire activity and complete an activity evaluation form at the conclusion of the activity to obtain credit. An official CE statement of credit will be mailed within 4-6 weeks of program completion.

Mark your Calendar for Friday, September 25th...
Golf Scramble & Continuing Education Symposium!

Southern Illinois University Edwardsville
School of Pharmacy
200 University Park Drive
Edwardsville, IL 62026

SOUTHERN ILLINOIS UNIVERSITY
EDWARDSVILLE
SCHOOL OF PHARMACY

3rd Annual Golf Scramble

Friday
September 25, 2009
at



SIUE School of Pharmacy
200 University Park Drive
Edwardsville, IL 62026
Phone: 618-650-5154
Fax: 618-650-5152
www.siu.edu/pharmacy

SIUE School of Pharmacy Annual Golf Scramble

Presented by



Additional Sponsors

Charter Business

CVS/pharmacy

Enloe Drugs, an Omnicare Co.

H.D. Smith

Newbold BMW

Shop 'n Save Pharmacy

Friday, September 25, 2009

Sunset Hills Country Club

What: Continuing Education Symposium, benefit golf scramble, tee prizes and post-tournament awards/dinner.

When: Continuing Education check-in, 9:30 a.m., CE Program 10 a.m.—Noon. Golf scramble check in between 11 and 12:45, 1 p.m. Tee Off.

Where: Sunset Hills Country Club, 2725 Highway 157 South, Edwardsville, IL 62025.

Who: First 144 paid entries. Entry fee includes CE program, greens fee, golf cart, lunch, goodie bag, prizes and post scramble awards, activities and dinner.

Contests: Hole-in-One (You could win a BMW from Newbold BMW and numerous other prizes) Closest to the Pin; Longest Putt; Mulligans; Skins and Attendance Prizes.

Dress Code: Shirts must have sleeves and collars. No blue jeans. Golf shoes with soft spikes are required on the golf course and practice areas.

Sponsorship Opportunities

- Eagle Sponsor—\$3,500
- Birdie Sponsor—\$2,500
- Dinner Sponsor—\$1,500
- Venue Sponsors—\$1,000
 - Continuing Education
 - Hole-in-One
 - Beverage Cart
 - Golf Carts
 - Driving Range
- Box Lunch Sponsor—\$500
- Hole Sponsors—\$150 (email logo and/or artwork to teandre@siue.edu)

Other Donor/Sponsor Opportunities

- I/We will donate a participation prize (Items needed by Wed. Sept 16)

Name: _____

Item: _____ Value _____

Phone: _____

Email: _____

- I/We will donate an item to be included in the goodie bags (150 items needed by Wed. Sept. 16)

Name: _____

Item: _____

Email: _____

Phone: _____

- I am unable attend but would like to sponsor a student to golf in my place. (\$100 per student)

Name: _____

Phone: _____

Email: _____

Phone: _____

Registration

Golf Event & CE Program

\$_____ \$125 Per Person

\$_____ \$500 Per Foursome

Mulligans

\$_____ \$20 Per Team

(4 Mulligans per team or 1 per player)

Skins

\$_____ \$40 Per Team

Dinner Only

\$_____ \$20 Per Person

CE Program Only

\$_____ \$25 Per Person

Sponsor Student Golfer

\$_____ \$100 Per Student

Contribution to the SIUE School of Pharmacy

\$_____

Player 1: (Contact Person)

Name _____

Address _____

City _____ State _____ Zip _____

Practice Site/Corporation: _____

Phone Number _____

E-Mail Address: _____

Player 2:

Practice Site/Corporation: _____

Phone Number _____

E-Mail Address: _____

Player 3:

Practice Site/Corporation: _____

Phone Number _____

E-Mail Address: _____

Player 4:

Practice Site/Corporation: _____

Phone Number _____

E-Mail Address: _____

Enter individually or as a foursome.

- Enclosed is my check for \$_____

(Make checks payable to SIUE School of Pharmacy)

- Please charge \$_____ to my Mastercard or Visa (Circle One)

Card Number: _____

Expiration Date: _____

Signature: _____