

Event Schedule:

12:00 PM: Shotgun Start – Scramble Format

5:30 PM: Buffet Dinner

Name:	Member #:				
	City:		State:	Zip:	
Tel:	Email:				
PAY BY CREDIT CARD:	American Express	□Visa	MasterCa	rd	
Card #:			E	xpiration Date:	
Cardholder Name (as it appe	ears on card):				
Cardholder Signature:					
	If paying by check p	lease make paya	able to:		

ISPE Boston Area Chapter, 465 Waverley Oaks Road, Suite 421, Waltham, MA 02452 Telephone: 781-647-ISPE (4773) Fax: 781-647-7222 Email: office@ispeboston.org

You may cancel without penalty or receive a refund if your cancellation is made in writing via mail, fax or e-mail to the ISPE Boston Area Chapter Office

(465 Waverley Oaks Road, Suite 421, Waltham, MA 02452; office@ispeboston.org; Fax: 781-647-7222) and received prior to one week before the event. Refunds will not be made for cancellations after that date.

Refunds will be processed within 30 days after the written cancellation is received at the ISPE office. Registrations are transferable and may be switched to the name of someone else from your organization that is able to attend. Please call or email the Office with the other attendee's name.

BECOME A SPONSOR!

ISPE Boston Area Chapter's Fall Golf Tournament Blue Hill Country Club 23 Pecunit Street, Canton, MA 02021



25 Feculii Sueet, Caliton, MA 02021

All sponsors will be listed in the onsite program.

The ISPE Boston Area Chapter thanks you for your support!

ITEM	BENEFIT	COST	NUMBER TO RESERVE
CONTEST HOLES	Company name prominently displayed on website and signage at hole. • Closest to the Pin - Front Nine (□Men/ □Women) • Closest to the Pin - Back Nine (□Men / □Women) • Longest Drive (□Men / □Women) • Straightest Drive (□Men / □Women) • Putting Contest □	\$300	
GENERAL SPONSOR	Name as a sponsor in the program and sign on course.	\$300	
GOLF FOURSOME *Limit 2 per company	Complete Golf Foursome with Names Provided	\$1,000	
SINGLE GOLFER	Single Golfer Cost	\$250	
TOTAL AMOUNT		\$	

If you are interested in becoming a sponsor, please check/circle which sponsorship item you'd like above, and then complete the information below. If a sponsorship is crossed out, it is no longer available for purchase. Please forward this form along with your non-refundable check or credit card payment to the ISPE Boston Office at: office@ispeboston.org or 465 Waverley Oaks Road, Ste. 421, Waltham, MA 02452, Tel (781) 647-4773; Fax (781) 647-7222.

Golf foursomes will not be confirmed without payment.

Name:	Member#:				
	City:		State:	Zip:	
Tel:	Email:				
PAY BY CREDIT CARD:	☐ American Express	☐ Visa	☐ MasterCard		
Card #:			Expiration Date	:	
Cardholder Name (as it app	oears on card):				
Cardholder Signature:					