

# Swing Into Action!

July 13, 2017

## Three ways to register

1 Email to: [ihaagolf@ihaonline.org](mailto:ihaagolf@ihaonline.org)

2 Fax to: 515-698-5163

3 Mail to: Ellen Waller, IHA  
100 East Grand, Suite 100  
Des Moines, IA 50309

If you are paying just for **yourself**, only include your information and send your foursome preference to Perry Meyer ([meyerp@ihaonline.org](mailto:meyerp@ihaonline.org)).  
If you are registering and paying for an **entire team**, enter each golfer's name completely to ensure they are registered.  
Register up to a foursome; a fifth and sixth player, representing two sponsors, will be added to each group.

### Golfer 1

Full Name \_\_\_\_\_  
Title \_\_\_\_\_  
Email Address \_\_\_\_\_  
Organization Name \_\_\_\_\_  
Organization Address \_\_\_\_\_  
City \_\_\_\_\_ State/Zip \_\_\_\_\_  
Telephone No. (\_\_\_\_\_) \_\_\_\_\_

### Golfer 2

Full Name \_\_\_\_\_  
Title \_\_\_\_\_  
Email Address \_\_\_\_\_  
Organization Name \_\_\_\_\_  
Organization Address \_\_\_\_\_  
City \_\_\_\_\_ State/Zip \_\_\_\_\_  
Telephone No. (\_\_\_\_\_) \_\_\_\_\_

### Golfer 3

Full Name \_\_\_\_\_  
Title \_\_\_\_\_  
Email Address \_\_\_\_\_  
Organization Name \_\_\_\_\_  
Organization Address \_\_\_\_\_  
City \_\_\_\_\_ State/Zip \_\_\_\_\_  
Telephone No. (\_\_\_\_\_) \_\_\_\_\_

### Golfer 4

Full Name \_\_\_\_\_  
Title \_\_\_\_\_  
Email Address \_\_\_\_\_  
Organization Name \_\_\_\_\_  
Organization Address \_\_\_\_\_  
City \_\_\_\_\_ State/Zip \_\_\_\_\_  
Telephone No. (\_\_\_\_\_) \_\_\_\_\_

## Fees (program, golf, cart, meals and prizes)

- Individual \$185  
 Foursome \$650  
 Program & Lunch Only \$75  
 I cannot attend but **would like to contribute** \$ \_\_\_\_\_  
toward an IHERF Health Care Careers Scholarship.

## Hospital or Health System Sponsorship

(program, golf, cart, meal and prizes for four and sponsor recognition)

- Hospital or Health System Sponsorship \$1,250

## Meals

To **help us** reach an accurate meal count and limit waste, please note if you will be attending the meals:

- Lunch  Dinner  Vegetarian  Gluten-Free

## Late Registration

An **additional \$25** fee per participant will be charged for registrations received after **July 1, 2017**.

## Payment Information

- Check (payable to IHERF Health Care Careers Scholarship Fund)  
 Bill My Institution  
 Credit Card:  MasterCard  Visa  
 Discover  American Express

Cardholder Name \_\_\_\_\_

Credit Card No. \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Cardholder Phone No. \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

### IHA Office Use Only

Date Received \_\_\_\_\_

Check # \_\_\_\_\_

- Organization  Personal

#220-5070-205017

Program Fees \$ \_\_\_\_\_

Check Total \$ \_\_\_\_\_