

Swinging for Scholars

*IHA CEO Golf Outing & IHERF
Scholarship Fundraising Event*

**The Harvester Golf Club
Rhodes, Iowa
Thursday, July 9, 2009**



Great golf course! Important cause!

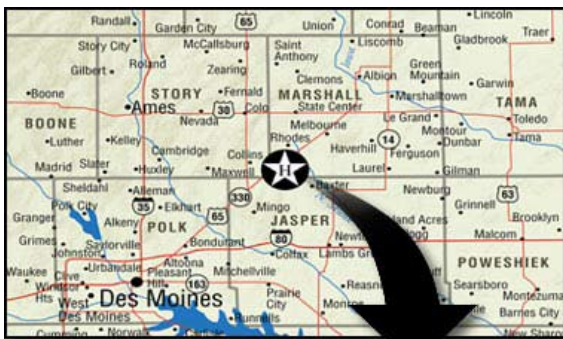
Make plans today to participate in this year's Swinging for Scholars golf event at The Harvester Golf Club. This event serves as the primary fundraiser for the Iowa Hospital Education and Research Foundation (IHERF) Health Care Career Scholarship Fund.

The Fund, now totaling \$1 million, is specifically designed to award scholarships to candidates willing to commit to working in an Iowa hospital in a position that has been identified as a health care workforce shortage position. The scholarships are for \$3,000 per year with a two-year maximum. Each requires a year of work commitment for each year of the scholarship award. Additionally, the scholarships are awarded in each of the seven IHA Districts to ensure maximum reach statewide.

Since 2005, the Foundation has awarded a total of 112 scholarships totaling \$336,000. Final totals for 2009 will soon be announced as the district review committees are underway processing 225 applications. Your participation shows a commitment to the future of health care in Iowa. And, as a bonus, you'll have the opportunity to enjoy the spectacular landscape of The Harvester Golf Club!

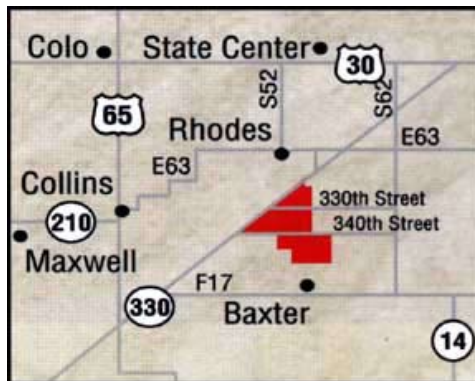
If you don't golf or can't attend, you can still participate through a monetary donation. Your generous gift will enable an Iowan to complete their health care training and be employed in Iowa where their expertise and skills are essential to maintaining our high quality health care environment.

Plan today to join your colleagues from across the state at The Harvester on July 9, 2009!



Location

The Harvester Golf Club (www.harvestergolf.com) is located northeast of Des Moines on the east side of Highway 330. You'll find the entrance at the intersection of Highway 330 and 330th Street (mile marker 7).



9:00 am Check-In

9:30 am Welcome

Pamela Delagardelle, RN, CEO, Grundy County Memorial Hospital, Grundy Center;
Chair, IHERF Board of Directors

9:45 am Recognition of Sponsors & IHERF Health Careers Scholarship Recipients

Kirk Norris, President/CEO, Iowa Hospital Association

10:00 am Earning the Right to Lead (sponsored by Graham Construction)

Brian Brown, Drake Relays Director, Drake University, Des Moines

In February 2005, Brown was in his fifth year as assistant track and field coach at Drake when he was named director of the relays. He has learned through his experience as a world-class high jumper that titles, positions and status do not have much value when it comes to leading. True leadership cannot be awarded, appointed, or assigned. It comes only from influence, and that can't be mandated. It must be earned.

11:00 am Buffet Lunch (sponsored by The MMIC Group)

12:00 pm Shot-Gun Start —Best Shot

**5:30 pm Annual Awards (sponsored by Baudino Law Group and Press Ganey)
Dinner (sponsored by Weitz)**

Hospital or Health System Sponsorship

Your sponsorship of \$1,200 will register a foursome for the program, meals, green fees, cart and prizes. In addition, you will receive recognition for your sponsorship through signage and a ribbon on your badge designating you as a sponsor. This fundraiser is a great way to encourage our young talented professionals to stay in Iowa — help us make that happen!

Registration

The fee for each golfer is \$175 or \$600 for a foursome which includes, program, meals, green fees, cart and prizes. In addition, each golfer may purchase in advance a Special Events package for \$25 that pre-registers them for two (2) mulligans and for two (2) special event holes. For individuals interested in attending the program and lunch only, there is a fee of \$75 per person.

Cancellation Policy

- Substitutions welcome anytime via fax or e-mail.
- All substitution requests must be sent to Crystal Peters (petersc@ihaonline.org) by e-mail or faxed to 515/698-5131 or 515/283-9366.
- Due to the nature of this event, no refunds will be made.

Lodging

A limited number of rooms are blocked at these two hotels for the night of July 8, 2009. Mention the Iowa Hospital Association to secure the discounted rate. Reservations made after the expiration date will be at the hotel's regular rate and subject to availability.

AmericInn

115 Iowa Avenue W, Marshalltown
\$79.90 plus tax
(includes continental breakfast, indoor pool)
IHA room block expires June 9, 2009
Phone: 641/752-4844

Holiday Inn Express

165 Adventureland Drive NW, Altoona
\$99.00 plus tax
(includes hot breakfast, indoor pool, sauna)
IHA room block expires June 17, 2009
Phone: 515/967-1855

****Lodging is also available at The Harvester. Call 641/227-4653 for reservations or visit www.harvestergolf.com for more information.**

Special thanks to the following organizations for their commitment and sponsorship of this fundraiser:

Title Sponsors



Birdie Sponsors

Farm Bureau Financial Services • HGA Architects and Engineers
Knutson Construction • LaMair Mulock Condon Co. • Ruan Securities

Par Sponsors

Acute Care, Inc. • CMA, An Ideacom Partner • Sodexo • TEAM Companies

Program Sponsor

Graham Construction

Buffet Lunch Sponsor

The MMIC Group

Annual Awards Ceremony Prizes

Baudino Law Group • Press Ganey Associates, Inc.

Post-Golf Dinner Sponsor

Weitz

Tee Marker Sponsor

TeamHealth

Drink Tickets Sponsor

UMB Bank

Water Stations on the Course

Advanced Capital • Bankers Trust Company
FinCor Solutions • InVision Architecture

Show Your Support

Health Enterprises • Denman & Co.
Iowa Healthcare Collaborative • QCI

Swinging for Scholars

The Harvester Golf Club, July 9, 2009

Fax to: 515/698-5131 or 515/283-9366

Mail to: Crystal Peters, IHA
 100 East Grand, Suite 100, Des Moines, IA 50309-1835
 515/288-1955, ext. 331

If you are **paying for yourself only**, then only include your information and send Perry Meyer (meyerp@ihaonline.org) your foursome preference.

If you are **registering and paying for your entire team**, fill out each name completely in order to register each person.

Golfer 1

Full Name _____
(will appear on name badge)
 Title _____
 E-mail Address _____
 Organization Name _____
 Organization Address _____
 City _____ State/Zip _____
 Telephone No. (____) _____ Fax (____) _____

Golfer 2

Full Name _____
(will appear on name badge)
 Title _____
 E-mail Address _____
 Organization Name _____
 Organization Address _____
 City _____ State/Zip _____
 Telephone No. (____) _____ Fax (____) _____

Golfer 3

Full Name _____
(will appear on name badge)
 Title _____
 E-mail Address _____
 Organization Name _____
 Organization Address _____
 City _____ State/Zip _____
 Telephone No. (____) _____ Fax (____) _____

Golfer 4

Full Name _____
(will appear on name badge)
 Title _____
 E-mail Address _____
 Organization Name _____
 Organization Address _____
 City _____ State/Zip _____
 Telephone No. (____) _____ Fax (____) _____

**Register up to a foursome; a fifth and sixth player, representing two sponsors, will be added to each group.*

Fees

(program, golf, cart, meals and prizes)

- Individual \$175
- Foursome \$600
- Program & Lunch Only \$75
(Individual)
- I cannot attend but would like to contribute \$ _____ towards an IHERF Health Care Career Scholarship.

Late Registration

An additional \$25 fee per participant will be charged for registrations received after July 2, 2009.

Special Events

(2 mulligans & 2 special events)

- Individual \$25
- Team \$100

**You may pre-pay now or purchase on the course*

Meals

To help us reach an accurate meal count, please note if you will be attending the included:

- Lunch Dinner

Hospital or Health System Sponsorship

(program, golf, cart, meal and prizes for four plus special events package and sponsor recognition)

- Hospital or Health System Sponsorship \$1,200

Payment Information

- Check (payable to IHERF Health Care Career Scholarship Fund)
- Bill My Institution
- Credit Card:

- MasterCard Visa
- Discover American Express

Cardholder Name (Please Print) _____

Credit Card No. _____

Expiration Date _____

Cardholder Phone No. _____

Cardholder Signature _____

Total \$ _____

For IHA Office Use Only #200-3503-0000; 205008

Date Received _____ Program Fee Amount \$ _____

Check # _____ Check Total \$ _____

- Organization Personal