



**SUPPORTING PATIENT EXPERIENCE-OF-CARE
INITIATIVES ACROSS CHA**

Monday, September 13, 2021 ♦ Oakley Country Club, Watertown, MA

GOLF SPONSORSHIP OPPORTUNITIES

◆ PRESENTING SPONSOR (\$25,000)	<ul style="list-style-type: none"> • Two foursomes • Company branding on all materials (web, banner, etc.) • Prominent signage at meals • Podium and program recognition
◆ GOLD SPONSOR (\$10,000)	<ul style="list-style-type: none"> • Two foursomes • Company branding on all printed materials • Company signage on all carts • Prominent and distinct course signage (first and tenth tee) • Podium and program recognition
◆ SILVER SPONSOR (\$5,000)	<ul style="list-style-type: none"> • One foursome • Prominent course signage • Podium and program recognition
◆ BRONZE SPONSOR (\$3,000)	<ul style="list-style-type: none"> • One foursome • Company/group sign at one tee • Podium and program recognition
◆ FOURSOME (\$1,500)	<ul style="list-style-type: none"> • One foursome • Company/group sign at one tee
◆ INDIVIDUAL GOLFER (\$375)	<ul style="list-style-type: none"> • Reception and dinner

OTHER SPONSORSHIP OPPORTUNITIES

◆ CART SPONSOR (\$1,500)	<ul style="list-style-type: none"> • Company signage on all carts • Program recognition • 2 tickets for reception and dinner
◆ WARM-UP SPONSOR (\$750)	<ul style="list-style-type: none"> • Company signage at driving range and putting green • Program recognition
◆ HOLE SPONSOR (\$350)	<ul style="list-style-type: none"> • Company sign at one tee • Program recognition
◆ DINNER ONLY (\$100)	<ul style="list-style-type: none"> • Reception and dinner

SCHEDULE OF ACTIVITIES	RETURN REGISTRATION FORM	FOR MORE INFORMATION:
<ul style="list-style-type: none"> • 11:30am Registration and Lunch • 12:30pm Shotgun Start. Dinner, Auction, and Awards Ceremony to follow. 	<p>PLEASE MAKE A COPY FOR YOUR FILES AND MAIL OR FAX TO:</p> <p>CHA Foundation 2018 Cambridge Health Alliance Invitational c/o Cambridge Health Alliance 1493 Cambridge Street Cambridge, MA 02139</p>	<p>EMAIL: ldornjones@challiance.org</p> <p>PHONE: 617.591.4765</p> <p>FAX: 617.591.4003</p> <p>ONLINE: www.challiance.org/golf</p>

Sign up online at www.challiance.org/golf

PLAYER 1 _____

PLAYER 2 _____

PLAYER 3 _____

PLAYER 4 _____

COMPANY NAME _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____ PHONE _____

◆ ENCLOSED PAYMENT BY CHECK MADE OUT TO CHA FOUNDATION

◆ PLEASE CHARGE MY CREDIT CARD (ALL INFORMATION REQUIRED)

MASTER CARD VISA AM EX DISCOVER (PLEASE CIRCLE ONE)

CARDHOLDER NAME (PLEASE PRINT) _____ BILLING ZIP CODE _____

CARD NUMBER _____ EXPIRATION DATE _____ SECURITY CODE _____

SIGNATURE _____

