

RICHARD CORNETT 2019 CHARITY GOLF OUTING

BENEFITTING THE OHIO OPTOMETRIC FOUNDATION



Wednesday, July 31, 2019 Golf Club of Dublin · 5805 Eiterman Rd · Dublin, OH

Registration at 9:00 a.m. · Shotgun start at 10:00 a.m.

SPONSORSHIP LEVELS

GOLD : \$5,000.00

Includes:

- Two foursomes in the golf outing (w/lunch)
- Exclusive in-cart advertising
- Recognition in promotional advertising
- Recognition on Foundation & Association websites
- Recognition on event signage
- Recognition during awards' ceremony
- Hole side/registration table

SILVER : \$2,500.00

Includes:

- One foursome in the golf outing (w/lunch)
- Recognition in promotional advertising
- Recognition on Foundation & Association websites
- Recognition on event signage
- Recognition during awards' ceremony

BRONZE : \$1,250.00

Includes:

- Two golfers in the golf outing (w/lunch)
- Recognition in promotional advertising
- Recognition on Foundation & Association websites
- Recognition on event signage
- Recognition during awards' ceremony

HOLE: \$800.00

Includes:

- Recognition on one hole



DRINKS AND AWARDS CEREMONY: \$2,500.00

Includes:

- Logo on drink tickets for golfers
- Representative to hand out tickets during event
- Exclusive recognition in promotional advertising
- Recognition on Foundation & Association websites
- Recognition on event signage

LUNCH: \$1,500.00

Includes:

- Representative on patio during lunch
- Exclusive recognition in promotional advertising
- Recognition on Foundation & Association websites
- Recognition on event signage

SPONSOR AN EMERGING OPTOMETRIC LEADER: \$100.00

Emerging leaders are either students at the Ohio State University College of Optometry or doctors who have been practicing less than five years and have shown a willingness to advocate for the profession.

Company Name: _____

Sponsorship: Gold Silver Bronze Drinks and Awards Ceremony Lunch Hole Emerging Leader

Additional Golfers (see page 2): \$175 x _____ \$ _____

Total amount to invoice my company \$ _____

Check enclosed, made payable to the Ohio Optometric Foundation \$ _____

Charge my VISA, MC, AMEX, DISC in the amount of \$ _____

Name on Card: _____

Billing Address: _____

Expiration Date: _____ / _____

Signature: _____

The Ohio Optometric Foundation is committed to improving the vision and eye health of children and other Ohioans in visual need by providing access to necessary eye care.

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GOLFER REGISTRATION FORM

Primary Name: _____

of Golfers: One (\$175) Two (\$ \$350) Three (\$525) Four (\$700) Young OD (\$100)

Golfers:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____
- 9) _____
- 10) _____
- 11) _____
- 12) _____

Please complete this form by June 15, 2019

Mail to: The Ohio Optometric Foundation, Inc., P.O. Box 6036 • Worthington OH 43085

Fax: 614-781-6521 **Questions?** Call Steve Dorman at 614-781-0708, or email sdorman@ooa.org

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