

SPONSORSHIP LEVELS



\$5,000

INCLUDES: Golf tournament entry and dinner for 4 persons (\$900 value), premium location of banner with sponsor's name and a hole sponsorship.

RECOGNITION & THANKS FROM THE FOUNDATION

Commemorative gift, verbal recognition at the Awards Dinner, written recognition in the Dinner Program.

\$ 2,500

INCLUDES: Golf tournament entry and dinner for 2 persons (\$450 value), premium location of banner with sponsor's name and a hole sponsorship.

RECOGNITION & THANKS FROM THE FOUNDATION

Commemorative gift, verbal recognition at the Awards Dinner, written recognition in the Dinner Program.

\$ 1,000

INCLUDES: Golf tournament entry and dinner for 1 person (\$225 value), premium location of sign with sponsor's name and a hole sponsorship.

RECOGNITION & THANKS FROM THE FOUNDATION

Verbal recognition at the Awards Dinner, written recognition in the Dinner Program.

\$ 500

INCLUDES: Dinner registrations for 2 persons (\$200 value) and premium location of sign with sponsor's name.

RECOGNITION & THANKS FROM THE FOUNDATION

Written recognition in the Dinner Program.

\$ 250

INCLUDES: Premium location of sign with sponsor's name.

RECOGNITION & THANKS FROM THE FOUNDATION

Written recognition in the Dinner Program.



4th Annual SPECTRUM OPEN

Charity Golf Tournament, Dinner and Auction
Benefiting the Pano Koumantaros
Cancer Research Fund



Spectrum Open Golf Tournament, Dinner & Auction Registration Form

Tax-deductible sponsorships remain at last year's levels. Full sponsorship details on reverse.

- \$5,000** – Includes golf and dinner for 4 persons, banner and hole sponsorship.
- \$2,500** – Includes golf and dinner for 2 persons, banner and hole sponsorship.
- \$1,000** – Includes golf and dinner for 1 person, sponsor sign and hole sponsorship.
- \$500** – Includes dinner for 2 persons and sponsor sign.
- \$250** – Includes sponsor sign only.
- \$225** – Golf entry and dinner for 1 person (no sign). Number of people _____ Total \$ _____
- \$150** – Golf entry only for 1 person (no sign). Number of people _____ Total \$ _____
- \$100** – Dinner only for 1 person (no sign). Number of people _____ Total \$ _____
- I cannot attend the event, but please accept my contribution to the Pano Koumantaros Cancer Research Fund in the amount of \$ _____

Name

Company

Address

City, State, Zip Code

Phone

Email

Check is enclosed in the amount of \$ _____
(Please make checks payable to the Pano Koumantaros Cancer Research Fund.)

Payment by Credit Card VISA MASTERCARD AMERICAN EXPRESS

Total Amount Paid: _____

Card Number _____

Expiration Date: Month _____ Year _____

Authorized Signature _____

Credit Card registration may be faxed to: 253.566.9440

Please bill me at the level indicated above.

Golfer Names*	Handicap or Average Score	GHIN#
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*To arrange your own Foursome, please list golfer names above. Foursomes not previously arranged will be assigned once participants have registered. Handicap or average score required for team assignments.

Dinner Name(s): _____

(Please use additional sheets as required)

Vegetarian Meal

Please mail completed form to:
Pano Koumantaros Cancer Research Fund
c/o Spectrum Pension Consultants, Inc.
6402 19th Street West
Tacoma, WA 98466