

January 29, 2010

Florida Healthcare Engineering Association 3rd Annual Spring Meeting Golf Scramble



The support and participation for last year's golf scramble in Daytona Beach was overwhelming. There have been numerous requests to host another golf scramble at this year's Spring Meeting.

This event will be held at the Tiger Point Golf Club – East course.
1255 Country Club Road · Gulf Breeze, FL · 32563

You are invited to participate in a golf scramble with the members of the Association. **The event will be held on Thursday, May 6 at 8:30 am.**

We are anticipating another great turn out for this event. We are anticipating between 20 and 30 foursomes. This is a great way to be with your customers and to meet new ones. This will be a fun day for all.

We are keeping the cost of this event the same as last year. The cost of a foursome is \$310.00. The sponsor may have up to two (2) players and the other 2 will be FHEA members. If you do not know 2 members, we will place 2 with the foursome. Supporting members may bring their own foursome(s). We will do our best to have at least one FHEA member per foursome.

Golf fee includes green fees, cart fees, range balls, Lunch, awards, giveaways and Supporting Member acknowledgement.

We are also looking for drink cart sponsors of \$200.00 each.

For those supporting members who do not golf and would still like to participate, you can make a donation of \$100.00 towards the awards and gifts. Also, we will need some volunteers for check-in, pictures, putting contest and prizes.

There will be prizes for the following:

First Place	Second Place	Third Place	
Longest Drive	Closest to the Pin (2)	Putting Contest	Additional Raffle Prizes

The Spring Meeting will be held at the Pensacola Beach Hilton, 12 Via de Luna Drive, Pensacola Beach, Florida, 32561 on May 7, 2010. Information for the Spring Meeting will be sent out in March. Room rates are \$159.00 per night.





Registration Form

Team Sponsorship # of Teams _____ @ \$310.00 ea Total _____

Player's names: _____,

Please fill out the remainder of the team with FHEA members.

Player's names: _____,

Please fill out the remainder of the team with FHEA members.

Cost for an individual player is \$80.00 each.

You may sponsor a team without having any players.

Drink Cart Sponsorship # of Carts _____ @ \$200.00 ea Total _____

Prize Donations: Amount: _____

Please complete the form above and return it with your check made out to **Greg Hodgson**. The rosters need to be received by 4/2/10. The checks need to be received no later than **4/23/10**. Should you need to make your checks out to FHEA, please fax me a copy of the check with your player names.

Please mail the checks to: Greg Hodgson
6967 E. Fowler Ave.
Temple Terrace, FL 33617

Thank you for supporting the Florida Healthcare Engineering Association.

Greg Hodgson
FHEA Codes and Standards Committee
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