

immixGroup Board of Advisors Johns Hopkins Colon Cancer Center



2005 Charity Golf Tournament

Event Registration Form

1. Primary Registrant – Contact Information

First Name: _____ Last Name: _____

Company: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone Number: _____

Are you a colorectal cancer survivor? yes no

What is your shirt size? S M L XL XXL

(See Page 2 of this form to enter contact information for additional players in your group)

2. Entry Fees **Sponsor Entry Deadline: September 1st ~ Player Entry Deadline: October 7th**

Platinum Sponsor - \$10,000: <input type="checkbox"/>	Beverage Cart Sponsor - \$2,500: <input type="checkbox"/>	<i>(See website for sponsorship details)</i>
Gold Sponsor - \$7,000: <input type="checkbox"/>	Hole Sponsor - \$2,500: <input type="checkbox"/>	
Silver Sponsor - \$5,000: <input type="checkbox"/>	Foursome Team Rate - \$1,100: <input type="checkbox"/> _____ # of foursomes	
Hole-in-one Sponsor - \$5,000: <input type="checkbox"/>	Individual Players:	
Lunch Sponsor - \$4,500: <input type="checkbox"/>	Non-government - \$300 <input type="checkbox"/> _____ # of players	
Bronze Sponsor - \$3,500: <input type="checkbox"/>	Government - \$125 <input type="checkbox"/> _____ # of players	
Photograph Sponsor - \$3,000: <input type="checkbox"/>	Friend – Donation of your choice: <input type="checkbox"/> _____ Amount	

3. Payment Information

Checks: Make check payable to **immixGroup Colon Cancer Research Foundation** and send it with this form to:

immixGroup, Inc.
Attn: Maria Cooke
8444 Westpark Drive, Suite 200
McLean, VA 22102

Credit cards: Fax this completed form to Maria Cooke at (703) 752-0611 (Attn: Maria Cooke)

Card Type (VISA, MC, AMEX): _____ Credit Card Number: _____ Exp. Date: _____

Name on Card: _____ Total Amount: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Cardholder's Signature: _____

****Please note that your slot will not be reserved until payment is received.** Once your payment is received you will receive an email confirmation. If you have any questions, contact Maria Cooke at (703)752-0623 or send an email to maria_cooke@immixgroup.com.



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4. Additional Player Registration – Contact Info. *(see sponsorship details for # players per package)*

Name: _____ Company: _____

Title: _____ Email Address: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____ Shirt Size S M L XL XXL

Name: _____ Company: _____

Title: _____ Email Address: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____ Shirt Size S M L XL XXL

Name: _____ Company: _____

Title: _____ Email Address: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____ Shirt Size S M L XL XXL

Name: _____ Company: _____

Title: _____ Email Address: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____ Shirt Size S M L XL XXL

Name: _____ Company: _____

Title: _____ Email Address: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____ Shirt Size S M L XL XXL

Name: _____ Company: _____

Title: _____ Email Address: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____ Shirt Size S M L XL XXL

Name: _____ Company: _____

Title: _____ Email Address: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____ Shirt Size S M L XL XXL

Name: _____ Company: _____

Title: _____ Email Address: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____ Shirt Size S M L XL XXL