



**Southampton Hospital's
Golf Tournament at Sebonack Golf Club
Tuesday, October 6, 2009**

Sponsorship Opportunities

Official Title Sponsor (\$20,000)

Naming rights for the 2009 Tournament - logo and tagline placement on Southampton Hospital's website and all printed materials, highly visible signage throughout the course, special recognition during the formal program and two complimentary foursomes.

Dinner Host (\$10,000)

Logo and tagline placement on event day information packet and dinner program, signage displayed at the event and on the tables during dinner, special recognition during the formal program and one complimentary foursome.

Golf Cart Marketing (\$7,500)

Logo and tagline placement on event day information packet and dinner program, signage displayed on each golf cart, special recognition during the formal program and one complimentary foursome.

Cocktail Reception Host (\$6,000) **SOLD**

Signage displayed at event, special recognition during the formal program and one complimentary foursome.

Gift of the Day Sponsor (\$5,000)

Prominent signage at registration area where gifts are distributed, special recognition during the formal program and one complimentary foursome.

Brunch Host (\$3,500)

Signage displayed at event, special recognition during the formal program and two complimentary golf tickets.

Hole Sponsor (\$500)

Signage displayed on one hole.

Foursome (\$5,000)

Signage displayed on one hole, special recognition during the formal dinner program and one complimentary foursome.

Individual Golfer

\$1,000 per player

Tickets for Dinner Only

\$150 per person (*dinner is automatically included with the purchase of all major sponsorships, foursomes, and individual tickets*).

PAYMENT & CONTACT INFORMATION

By Check or Pledge

Check enclosed

Pledge (check to follow)

Please make checks payable to: **Southampton Hospital Foundation**

By Charge

MasterCard

VISA

American Express

Amount \$ _____ Cardholder _____

Account # _____ Exp. Date _____ Signature _____

Company _____ Contact _____

Address _____ City/State/Zip _____

Phone # _____ Fax # _____ Email _____