

The CFA Society of Cleveland Proudly Presents the 10th Annual
Harry W. Millis Memorial Golf Outing
sponsored by



TUCKER ELLIS & WEST



Canterbury Golf Club

22000 S. Woodland Rd., Cleveland, OH 44122

Tuesday, Aug. 25, 2009

2009 Sponsorship Opportunities

___ TITLE SPONSOR - \$2,000/TUCKER ELLIS & WEST

- Four complimentary golfers
- Four complimentary dinner guests
- Recognition on all printed materials
- Signage at registration
- Recognition in the program

___ DINNER SPONSOR - \$1,000/BNY MELLON

- Two complimentary golfers
- Two complimentary dinner guests
- Signage at dinner
- Recognition in the program
- Provide any promotional items to be included in welcome bags

___ LUNCH SPONSOR - \$1,000/FACTSET

- Two complimentary golfers
- Two complimentary dinner guests
- Signage at lunch
- Recognition in the program
- Provide any promotional items to be included in welcome bags

___ REFRESHMENT STAND SPONSOR (2) - \$500

- Signage at refreshment stand
- Recognition in the program
- Provide any promotional items to be included in welcome bags

___ HOLE SPONSOR - \$250 (*New in 2009*)

- 24"x18" sign on the course the day of the event
- Recognition in the program

___ HOLE SPONSOR - \$200 (*Returning Sponsor*)

- 24"x18" sign on the course the day of the event
- Recognition in the program

(See following page for registration form)

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SPONSORSHIP OPPORTUNITIES

Sponsor Level: _____ Amount: _____

Sponsor Name: _____
(As it should appear in/on any printed materials)

Contact Information:

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Complimentary Golfer(s) *(if applicable)*

_____ **Handicap**

_____ **Handicap**

_____ **Handicap**

_____ **Handicap**

Additional Golfer(s) *(if applicable)*

\$150 CFA Cleveland Members

\$200 Non-Members

_____ **CFASC** _____ **Non-Member** _____ **Handicap**

_____ **CFASC** _____ **Non-Member** _____ **Handicap**

_____ **CFASC** _____ **Non-Member** _____ **Handicap**

_____ **CFASC** _____ **Non-Member** _____ **Handicap**

Payment:

Charge my credit card (circle one): ~Visa ~MasterCard ~Discover

Card #: _____ Expiration Date: _____

3-digit # on back of card: _____

~ **OR** ~

Check made payable to the CFASC and mailed to: CFA Society of Cleveland
 3637 Medina Rd., Ste. 110
 Medina, OH 44256
 Phone: 216-696-8066
 Fax: 866-882-1193