



2009 POLITY GOLF TOURNAMENT

COMPLIMENTARY SPONSOR REGISTRATION FORM

Name _____

Sponsorship Level _____

Please return this registration form along with your 'Contribution Agreement Form' to:

Medical School Polity
Farber Hall Room 224
3435 Main Street
Buffalo, NY 14214

Complimentary golfer name(s):

Golfer dinner selection(s):

(Steak will be served if no preference is indicated.)

Steak Dinner <input type="checkbox"/>	Vegetarian Dinner <input type="checkbox"/>
Steak Dinner <input type="checkbox"/>	Vegetarian Dinner <input type="checkbox"/>
Steak Dinner <input type="checkbox"/>	Vegetarian Dinner <input type="checkbox"/>
Steak Dinner <input type="checkbox"/>	Vegetarian Dinner <input type="checkbox"/>