

1978



# TriState Society of Healthcare Engineers

TSHE



Company Name Sponsorship \_\_\_\_\_

Company Name web link \_\_\_\_\_

Check

Level of Sponsorship \_\_\_\_ **Gold** (\$925.00) \_\_\_\_ **Silver**(\$600.00) \_\_\_\_ **Bronze**(\$300.00)

Note: the sponsor ship runs for 1 year from the time we receive your payment, and your link added to the TSHE web page.

Contact person and address to invoice to:

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

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What method would you prefer

\_\_\_\_ Invoice mailed

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Golf outing formation

Golf related questions contact

T.S.H.E. Golf Chairman'

Name: to be printed on Golf hole sign

Contact person regarding any questions concerning web page links or problems.

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

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Foursomes names:

1. \_\_\_\_\_

2. \_\_\_\_\_

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4. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**Golf questions information: Notify the the TSHE Golf Chairam**

Make Check Payable to:

**Tri-State Society for Healthcare Engineering**

Mail: Treasurer, TSHE

C/O Greater Cincinnati Health Council

2100 Sherman Avenue

Suite 100

Cincinnati, Ohio 45212-2736

*for office use only*

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Activation period

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