2nd Annual APTS
Golf Classic

Friday, October 17th, 2008
Registration and Lunch: 11:30 am
Shotgun Start: 1:00 pm

Register Online at:
www.cme.hsc.usf.edu/golfclassic
Register by fax: 813-974-3217
Mail: Return registration form and
payment to:
University of South Florida
Health Professions Conferencing
Corporation (HPCC)
PO Box 864240
Orlando, FL 32886-4240

Questions:
Questions about registration should be
directed to 813-974-4296 or 800-852-5362

For additional information on the Golf Classic visit the
website at www.cme.hsc.usf.edu/golfclassic

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Individual Golf Registration

Name: ___________________________________________ Handicap: __________________________

Company Name: _____________________________________________________________

Address: _________________________________________________________________

City: ___________________ State: ___________ Zip: _______ County: _______________

Daytime Phone: ___________________ Fax Number: ____________________________

E-Mail Address: ____________________________________________________________

_____ Individual Golfer - $75 (includes 18 holes of golf, goody bag, lunch, door prizes, reception)

Please list Other Player’s Information if you already have a twosome or foursome otherwise we will match
you with a team:

Player 2 ___________________________ Player 3 ___________________________
Email ___________________________ Email ___________________________
Handicap _______________________ Handicap _________________________

Player 4 ___________________________ I WILL: ___ Attend the Reception
Email ___________________________ ___ Not Attend the Reception
Handicap _______________________

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ALL GOLFERS MUST REGISTER

PAYMENT METHODS
Credit Card: ☐ Visa ☐ Master Card ☐ AMEX
In the Amount of $ ___________________________
Card Number: ____________________________
Exp. Date: __________ CCV Code: __________
Name on Card: __________________ (PRINT)
Signature: ________________________________

Enclosed is my check made payable to:
USF Health Professions Conferencing Corporation
(HPCC) in the amount of $ ___________________________

Proceeds Benefit THE BRIDGE Healthcare Clinic
Serving the University Area Community
www.bridgehealthcareclinic.org

USF HEALTH
SCHOOL OF PHYSICAL THERAPY
& REHABILITATION SCIENCES
COLLEGE OF MEDICINE