

Nebraska Health Care Association
3900 NW 12th St Ste 100
Lincoln NE 68521-3037

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*Participate in the
Golf Tournament and help
to support scholarships
for long term care!*

2009 Nebraska Health Care Foundation Benefit Golf Tournament

**Crooked Creek Golf Course
134th & East O Street
Lincoln, NE**

Monday, September 21, 2009

**4-Person Texas Scramble
7:45 a.m. Registration
9:00 a.m. Shotgun Start**

GOLF TOURNAMENT SPONSORSHIP OPPORTUNITIES

The NHCA/NALA Annual Convention will be held September 21-24, 2009, in Lincoln, Nebraska. As a kick-off to the convention, the Foundation will once again be hosting a benefit golf tournament to raise money to support long term care scholarships. The tournament will be held at the Crooked Creek Golf Course, Lincoln, on Monday, September 21, 2009. There will be a 9:00 a.m. shotgun start, and the format will be a 4-person Texas Scramble. An informal awards lunch will follow the completion of the tournament.

Network with Key Decision Makers

This tournament has proven to be a very popular and fun event for everyone involved. As a company that markets to the long term care profession, the tournament provides an excellent opportunity for you to network with key decision makers. Support the profession that supports you by participating as a sponsor of this year's tournament. By participating as a sponsor, you will be contributing to the future of the long term care profession. Sponsorships are sold on a first-come basis. Sign up today!

Become a Sponsor

Sponsorship opportunities are listed and described on the Sponsorship Agreement Form (next page)! Complete the form and mail or fax it to the Nebraska Health Care Foundation.

Sponsor Recognition

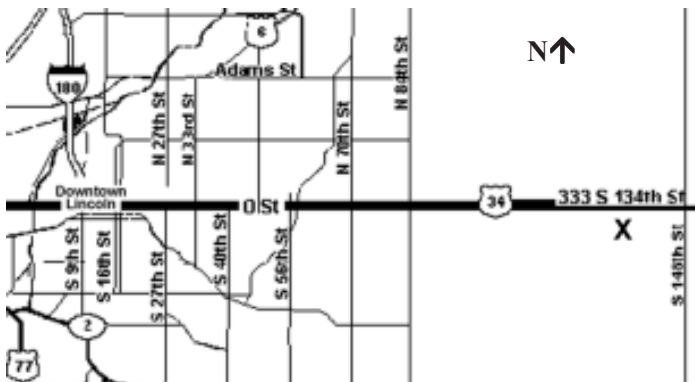
All sponsors will receive recognition in the pre-convention literature, the convention information packet distributed at convention, the convention book and membership directory, and throughout the golf tournament. To ensure the greatest exposure for your company, commit to sponsoring a portion of this year's tournament today; and we will begin to recognize you in all pre-event promotional mailings and newsletters.

HOW TO GET TO THE COURSE:

Address: Crooked Creek Golf Course
333 S 134th St, Lincoln, Nebraska
Phone: (402) 489-7899

Directions From Downtown Lincoln:

Take O Street (US-34) east to 134th Street, turn right (south), and go south for 0.3 miles to 333 S 134th Street.



SPONSORSHIP AGREEMENT
NEBRASKA HEALTH CARE FOUNDATION BENEFIT GOLF TOURNAMENT
Crooked Creek Golf Course – Lincoln, Nebraska – September 21, 2009

COMMERCIAL SUPPORTER _____
(Company/Individual Name)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE/FAX/EMAIL _____

CONTACT PERSON _____

The above named company/person agrees to provide the following support to the NHCF Benefit Golf Tournament:

_____ Flight Prizes – For \$1500 you will be recognized at the Awards Luncheon. Prizes will be awarded to teams in the men’s, women’s, and co-ed divisions.

_____ Lunch Sponsorship – For \$1500 you will be recognized as the sponsor of the lunch to be served at the Awards Luncheon.

_____ Hole Sponsorship – For \$200 you will receive signage at the hole. *(Multiple Sponsors)*

_____ Par 3 Sponsorship – For \$500 you receive signage at the contest hole. *(Four Sponsors)*

_____ Putting Contest – For \$500 you will be recognized as the sponsor of the putting contest. The sponsor will provide a company representative for the contest.

_____ Breakfast Sponsorship – For \$400 you will be recognized as the sponsor of the breakfast to be served during registration. *(Multiple Sponsors)*

_____ Beverage Cart Sponsorship – For \$400 you will receive recognition as a tournament sponsor. *(Multiple Sponsors)*

_____ Range Balls Sponsorship – For \$250 you will receive recognition as a tournament sponsor. *(Multiple Sponsors)*

_____ Prize Sponsorship – Your donation will earn your company recognition as a tournament sponsor. *(Multiple Sponsors)*
List item(s) or dollar amount to be donated:

_____ Silent Auction Prize Sponsorship – Your donation will earn your company recognition at the auction. *(Multiple Sponsors)*
List item(s) or dollar amount to be donated:

_____ Raffle Sponsorship – Your company has the opportunity to promote your business by donating raffle bag items and raffle drawing items. Small items for the raffle bag might include balls, divot tools, tees/markers, golf towels, koozies, hats, etc. Items for the raffle drawing might include a MP3 player, golf club, etc. Raffle bag items will be packaged in a bag with a raffle ticket. Bags will be purchased by participants for a chance to win a larger item. There will be approximately 125 participants. *(Multiple Sponsors)*
List item(s) or dollar amount to be donated:

_____ Scholarship Fund Sponsors – Your donation will provide scholarships for qualified students pursuing education in long term care service professions. *(Multiple Sponsors)*
_____ \$1,000 _____ \$750 _____ \$500 _____ \$250 _____ \$100 _____ \$50

All sponsors will receive name recognition in event promotional literature and in the NHCA/NALA Annual Convention information packets. To ensure the greatest amount of exposure for your company, commit to sponsoring a portion of this year’s tournament today, and we will begin recognizing you in all pre-event promotional mailings and newsletters.

The Commercial Supporter agrees to provide payment and/or deliver product to the Nebraska Health Care Foundation, 3900 NW 12th Street, Suite 100, Lincoln, Nebraska, 68521-3037 **no later than September 4, 2009**. Checks should be made payable to the Nebraska Health Care Foundation. Questions? Call Virginia Leacock or Craig Hansen at the Nebraska Health Care Association at (402) 435-3551.

Signature _____
Date

Please mail or fax this form to:
Nebraska Health Care Foundation, 3900 NW 12th St Ste 100, Lincoln NE 68521-3037
Fax: 402-475-6289 (Phone for information only: 402-435-3551)

REGISTRATION FORM

2009 NEBRASKA HEALTH CARE FOUNDATION (NHCF) BENEFIT GOLF TOURNAMENT
Monday, September 21, 2009 – Crooked Creek Golf Course, Lincoln, Nebraska

(Please type or print clearly)

1. NAME _____
FACILITY/COMPANY _____
DELIVERY POINT ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
PHONE NUMBER _____ E-MAIL ADDRESS _____

PLEASE ENCLOSE \$95 PER PERSON REGISTRATION FEE. NHCF WILL NOT BILL.
All registration fees must be paid in advance and must accompany the registration form.
Make Checks Payable to Nebraska Health Care Foundation

OTHER TEAM MEMBERS (NHCF can help put teams together):

2. NAME _____
Facility/Company Name _____
Delivery Point Address _____
City, State, Zip Code _____
Phone Number _____ E-mail Address _____
Enclose \$95 per person registration fee.

3. NAME _____
Facility/Company Name _____
Delivery Point Address _____
City, State, Zip Code _____
Phone Number _____ E-mail Address _____
Enclose \$95 per person registration fee.

4. NAME _____
Facility/Company Name _____
Delivery Point Address _____
City, State, Zip Code _____
Phone Number _____ E-mail Address _____
Enclose \$95 per person registration fee.

TEAM NAME _____

Billing Information: Check Enclosed
 Credit Card

Cardholder's Name (PRINT): _____
Credit Card #: _____
Expiration Date: _____
Cardholder's Billing Address, City, State, Zip: _____

Signature: _____
Your signature on the line above will authorize this transaction. ↑

(For NHCA Office Use Only: ACCT ID _____)

MAKE A COPY OF YOUR REGISTRATION FORM

**MAIL YOUR PAYMENT AND THE
REGISTRATION FORM TO:**

**NEBRASKA HEALTH CARE FOUNDATION
3900 NW 12th Street, Suite 100
Lincoln, Nebraska 68521**

IF PAYING BY CREDIT CARD YOU MAY FAX IN THIS FORM

**Golf Tournament Registration Deadline:
September 4, 2009**

Sponsorships and a portion of your registration
fee may be tax deductible.