

## Annual Ottawa Dental Society Golf Day Friday, September 10, 2021

Carleton Golf & Yacht Club, 6627 Marina Drive, Manotick, ON K4M 1B3

We are happy to announce that we will be celebrating our 125<sup>th</sup> Anniversary Annual Golf Day on Friday, September 10, 2021. Format will be a Shotgun start at 1:00pm. As you are aware the original event scheduled for June 2020 was postponed due to the COVID-19 pandemic. We invite you to join us to help celebrate at the Carleton Golf & Yacht Club.

Dr. Roger Hacking, Chair Dr Bruce Robinson Dr. Jaideep Lal

#### **SPONSORSHIP OPPORTUNITIES**



\$3,000 (plus HST)



\$2,000 (plus HST)



\$1,000 (plus HST)



\$1,000 (plus HST)

### **TITLE SPONSOR**

- 1 x 4 golfers at no charge
- Your logo on the welcome bag, along with the ODS 125 logo
- Up to 3 inserts in registration bag
- 2 minutes podium time

#### **PRIZE SPONSOR**

- 1x2golfers at no charge
- Up to 2 inserts in registration bag

#### **BEVERAGE SPONSOR**

- 1 x 2 golfers at no charge
- 1 insert in registration bag

#### **DINNER SPONSOR**

- 1 x 2 golfers at no charge
- 1 insert in registration bag





# Annual Ottawa Dental Society Golf Day Friday, September 10, 2021

Carleton Golf & Yacht Club, 6627 Marina Drive, Manotick, ON K4M 1B3

#### **SPONSOR REGISTRATION FORM**

Please indicate your preferred level of sponsorship below.

| Title Sponsor            | Prize Sponsor                 | Beverage Sponsor             | Dinner Sponsor            |
|--------------------------|-------------------------------|------------------------------|---------------------------|
| \$3,000 (plus HST)       | \$2,000 (plus HST)            | \$1,000 (plus HST)           | \$1,000 (plus HST)        |
| Company Name:            |                               |                              |                           |
| Address:                 |                               |                              |                           |
| City:                    | ity: Pro                      |                              | PC/Zip:                   |
| MAIN CONTACT             |                               |                              |                           |
| Name:                    |                               |                              |                           |
| Phone:                   | ne: Fax:                      |                              |                           |
| Email:                   |                               |                              |                           |
| Names of Attending Guest | s: (Title Sponsor/Platinum Sp | onsors: up to 4 guests. Gold | Sponsors: up to 2 guests) |
|                          |                               |                              |                           |
|                          |                               | Expiry: _                    |                           |
|                          |                               |                              |                           |
| Signature:               |                               |                              |                           |

Please complete and return the form to info@ottawadentalsociety.org.