



Check in & lunch: 11:00 a.m.; Shotgun start: 12:00 p.m.

### Player and Sponsor Registration

Player registration is free for employees of OHA members.  
Vendor employees must be sponsors to play.

**To Register Online:** Visit [www.okoha.com/educationcalendar](http://www.okoha.com/educationcalendar) and select the meeting title.  
First-time online registrants may email [mia@okoha.com](mailto:mia@okoha.com) to be assigned a user ID and password.

**Fax/Email Registrations:**

Complete the form below and return to OHA by fax at (405) 424-4507, or email [abowen@okoha.com](mailto:abowen@okoha.com).  
Complete and return additional forms as necessary.



**Sponsorship is open to any organization.** Sponsorship payment deadline is Sept. 9, 2024.

Check the box next to the desired sponsorship:

- Platinum Sponsor, \$15,000**
- Gold Sponsor, \$10,000**
- Silver Sponsor, Longest Drive, \$5,000**
- Silver Sponsor, Longest Putt, \$5,000**
- Silver Sponsor, Straightest Drive, \$5,000**
- Silver Sponsor, Closest to the Pin, \$5,000**
- Silver Sponsor, Closest to the Line, \$5,000**
- Team Sponsor, \$1,000**
- Additional reception tickets, \$100 each x\_\_\_\_\_**

Organization \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**Method of Payment:**

**Check** in the amount of \$\_\_\_\_\_ payable to Oklahoma Hospital Association.  
Mail all registrations accompanied by a check to OHA, Dept. #96-0298, Oklahoma City, OK 73196-0298.

**Credit Card** amount authorized \$\_\_\_\_\_      Visa    MasterCard    Amex    Discover

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ Name on card \_\_\_\_\_

Cardholder's Billing Address (including zip code) \_\_\_\_\_

Signature \_\_\_\_\_

**Register players below.**

Player entry deadline is Sept. 16, 2024.

**Organization** \_\_\_\_\_

Player Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Shirt Size \_\_\_\_\_ Handicap \_\_\_\_\_

Player Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Shirt Size \_\_\_\_\_ Handicap \_\_\_\_\_

Player Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Shirt Size \_\_\_\_\_ Handicap \_\_\_\_\_

Player Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Shirt Size \_\_\_\_\_ Handicap \_\_\_\_\_

**Team Pairings:**

In an effort to encourage networking and support the financial contributions of our partners, OHA will develop the team pairings to include 2 vendors and 2 hospital leaders per team, subject to availability.