



## 2018 MHA Member Registration Form

### Minnesota Hospital PAC Open

Territory Golf Club, St. Cloud, Minnesota

Monday, July 30, 2018

11:30 a.m. Registration/Driving Range/Grill Lunch

12:30 p.m. Tee-time

5:00 p.m. – 6:00 p.m. Dinner and Awards Reception

#### For hospital and system CEOs to attend the Open

- Chairman's Circle at \$500+    Ben Franklin Club at \$1,000+    Governor's Circle at \$2,000+
- Champions Club at \$2,500+    Washington Club at \$3,000+    1898 Society at \$5,000+

Yes, I would like to attend the Minnesota Hospital PAC Open. My Chairman's Circle \$500 club membership entitles me to lunch, a round of golf with cart, and attendance at the dinner and awards reception.

#### For hospital employees and trustees to attend the Open

- Contribute \$200 per person

Yes, I would like to attend the Minnesota Hospital PAC Open and contribute \$200 per person (or at any PAC Club Level as shown above). This amount entitles me to lunch, a round of golf with cart, and attendance at the dinner and awards reception.

*Substitute golfers are not allowed. All golfers need to be PAC contributors.*

#### For non-golfers

- Yes, I will contribute \$100/person to attend the 5:00 – 6:00 p.m. dinner and awards reception.
- No, I can't attend but will contribute!

*The contribution levels are suggested and voluntary.*

- Contributors desiring not to have 50 percent of their contribution forwarded to the American Hospital Association PAC (AHAPAC), please check here. Federal law requires AHAPAC to report contributions over \$200.

**For more information, contact Kristin Loncorich, MHA director of state government relations, or Mary Krinkie, MHA vice president of government relations, at (651) 641-1121.**

Name of Golfer \_\_\_\_\_ Title \_\_\_\_\_

Hospital/System \_\_\_\_\_ Email \_\_\_\_\_

#### – Method of Payment –

Personal contributions are not deductible for income tax purposes. Corporate contributions are not accepted.

- Check:** Enclosed is my personal check made payable to Minnesota Hospital PAC for \$\_\_\_\_\_
- Credit card:** Please charge my personal credit card:    Visa    MasterCard

Cardholder's Name \_\_\_\_\_

Account # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Amount \$ \_\_\_\_\_ Signature \_\_\_\_\_

**Please mail to: Minnesota Hospital PAC, 2550 University Ave. W.,  
Suite 350-S, St. Paul, MN 55114-1900; or fax to (651) 659-1477.**