



REGISTRATION FORM
(One golfer per form)

**THE AMERICAN ACADEMY OF ORTHOTISTS AND PROSTHETISTS
 FOURTH ANNUAL ACADEMY GOLF INVITATIONAL & WINE TASTING
 November 7, 2009**

First Name	Last Name	Credential	
Company Name			
Address	City	State	Zip
Phone	Fax	Email	

Registration for the Academy's Golf Outing

Individual Golfer & Guest \$1,500 *(Registration includes golf, wine tasting and dinner for you and a guest. If a guest will be joining you, please fill out the GUEST REGISTRATION FORM for that individual).*
 Shoe Size _____ Shirt Size *(please check one)* S M L XL
 Are you *(please check one)* Right-handed Left-handed

Sponsorship Opportunities
To become a sponsor please contact Peter Rosenstein at prosenstein@oandp.org or (202) 380-3663.

Sponsor Levels:

Eagle Level *(allows 4 golfers to attend)* \$5,000
 Birdie Level *(allows 2 golfers to attend)* \$2,500
 Par Level *(includes tee sign and dinner for 2)* \$1,000

Sponsorship of Gift Items for players:

Travel Bags \$4,000
 Athletic Shoes \$2,000
 Golf Balls \$1,250
 Golf Hats \$ 500

Payment *Full payment is due at the Academy Office by August 10, 2009 50% due with registration*

I have enclosed a check payable to AAOP for \$ _____
 Please charge my credit card for \$ _____
 Visa MasterCard _____ Exp. Date. _____

Print Cardholder Name Cardholder's Address if different from above

City State Zip Signature

*To ensure your security, credit card companies now require a billing address.
 We must have this to process your registration.*

Each registration form must be accompanied by a minimum of 50% of or your total fees to:
The Academy
Attn: Peter D. Rosenstein,
Executive Director
1331 H Street, NW, Ste. 501
Washington, DC 20005
or fax to 202-380-3447
 Certain fees such as greens fees will be non-refundable after registration.