

MICHIGAN WATER QUALITY ASSOCIATION



THURSDAY ~ JULY 21, 2011

GOLF OUTING, TRADE SHOW AND ANNUAL MEETING EVENT



The Medalist Golf Club ~ 15701 N. Drive North, Marshal, Michigan 49068

Agenda

9:00am-10:30am: Vendor Set-Up

9:00am: Registration & Welcome

10:00am: Annual Meeting
Election of Officers

11:00am: Lunch & Trade Show

1:00pm: Shotgun start!

Following Golf: Hors d'oeuvres
Awards
Cash bar

Michigan Water Quality Association

Annual Meeting

Date: Thursday ♦ July 21, 2011

Time: 10:00 am-Annual Meeting ♦ 11:00 am – Lunch ♦ 1:00 pm-Shotgun Start

Place: The Medalist Golf Club ♦ 15701 N. Drive North ♦ Marshall ♦ MI ♦ 49068

Event Cost: Member-\$75 ♦ Non-Member-\$150

Trade Show & Lunch Only: Member-\$40 ♦ Non-Member-\$80

Sponsor: \$100 ♦ Vendors: \$250

FOR MORE INFORMATION, PLEASE CALL (517) 487-6840

Legislative Update • Issues Forum • Year in Review • Election of Officers

For WQA Certification Exam Registration please refer to the accompanying registration form.
If you have exam questions please call Anne Parissidi, WQA Educational Program Coordinator at 630-505-0160.

PLEASE COMPLETE THE FOLLOWING REGISTRATION INFORMATION & RETURN TO THE MWQA OFFICE:

Company _____

Name(s) _____

Address: _____

City _____ State _____ Zip _____ Website: _____

Phone: _____ Fax: _____ Email: _____

\$75.00 Event, Member Fee \$150.00 Event, Non-Member Fee

(Event fee to include: trade show, lunch & 1 round of golf. Hors-d'oeuvres and awards to follow golf)

\$40.00 Trade Show & Lunch Only, Member \$80.00 Trade Show & Lunch Only, Non-Member

\$100.00 Sponsor (Choose from list below)

Scorecard Sponsor Beverage Cart Sponsor Closest to the Pin Sponsor

Putting Green Sponsor Longest Drive Sponsor Longest Putt Sponsor Tee Box Sponsor

\$250.00 Vendor (Includes: 1-4 x 8 table top, sponsor of 1 tee, 1 round of golf & 1 lunch)

I/We cannot attend but would like to contribute the following amount: \$ _____

I/We would like to donate an item for the prize table (gift value minimum \$50): \$ _____

Method of Payment: _____

Check Cash Visa MasterCard Total: _____

Credit Card #: _____ Exp Date: _____ V-Code: _____

Signature: _____

***Please include billing mailing address for credit card if different than above*