

2007  
CANTWELL MEMORIAL  
GOLF TOURNAMENT

Friday, September 21, 2007

The Reserve Vineyards & Golf Club

6:45 AM REGISTRATION

7:45 AM SHOTGUN START

FOUR-PERSON SCRAMBLE

AWARDS LUNCHEON

\$150 DENTISTS/FRIENDS  
\$75 STUDENTS

(PRICE INCLUDES 18 HOLES OF GOLF, A GOLF CART,  
BREAKFAST, LUNCH, TWO DRINK TICKETS, A GOLF TOWEL AND  
THE OPPORTUNITY TO WIN GREAT PRIZES)

REGISTER BY FRIDAY, SEPTEMBER 14

PLEASE SEND COMPLETED FORM TO:

OHSU SCHOOL OF DENTISTRY  
ALUMNI ASSOCIATION  
611 SW CAMPUS DRIVE #607  
PORTLAND, OR 97239

FAX (503) 494-0984  
LOCAL (503) 494-0983  
TOLL FREE (877) 822-3080

2007 CANTWELL MEMORIAL  
GOLF TOURNAMENT REGISTRATION

NAME \_\_\_\_\_ DEGREE \_\_\_\_\_ YEAR \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

I WANT TO PLAY IN THE TOURNAMENT! (DENTISTS/FRIENDS \$150)

PLEASE PUT ME WITH THE FOLLOWING FOURSOME (IF YOU DO NOT HAVE A  
FOURSOME, WE WILL PLACE YOU IN ONE)

PLAYER 2: \_\_\_\_\_  CHECK ENCLOSED  
 WILL PAY SEPARATELY

PLAYER 3: \_\_\_\_\_  CHECK ENCLOSED  
 WILL PAY SEPARATELY

PLAYER 4: \_\_\_\_\_  CHECK ENCLOSED  
 WILL PAY SEPARATELY

I WOULD LIKE TO SPONSOR \_\_\_\_ STUDENT(S) TO PLAY IN THE TOURNAMENT (\$75  
EACH)

CHECK ENCLOSED (PAYABLE TO OHSU FOUNDATION/SD) TOTAL: \_\_\_\_\_

PLEASE CHARGE MY:  
 VISA  MASTERCARD  DISCOVER  AMERICAN EXPRESS

CARD #: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

AMOUNT: \_\_\_\_\_

NO REFUNDS AFTER SEPTEMBER 18, 2007