



GLOBAL DIVERSITY SUMMIT GOLF INVITATIONAL @ PIEDMONT DRIVING CLUB

**MONDAY, JULY 21, 2008
SPONSORSHIP FORM**

Company/Organization _____
Contact Person _____
Address _____
City/State/Zip _____
Cell/Evening Telephone _____
Email Address _____

SPONSORSHIP

\$10,000 - Silver Partner (8 players) \$2,500 - Golf Team Sponsor
 \$ 5,000 - Event Sponsor (4 players) \$ 395 - Individual
 Souvenir Bag Donation (see below)

PAYMENT

Enclosed is my/our contribution made payable to GDS in the amount of \$ _____
 Please accept my donation of \$ _____

PRIZE/SOUVENIR BAG DONATION

Contribute a promotional item to be included in the souvenir bags. Your contributions will be prominently recognized in our special thank-you advertisements.

Suggestive Items:

- | | | | | |
|----------------|--------------------|--------------------|--------------------|-------------------|
| Water Bottle | Event Tickets | Golf Accessories | Golf Balls | Gift Certificates |
| Golf Equipment | Gourmet Food/Wines | Sports Memorabilia | Sports Accessories | |

I am/we are pleased to contribute the following item(s) to use as prizes:

Item(s) _____	Quantity _____	Retail Value \$ _____
Item(s) _____	Quantity _____	Retail Value \$ _____
Item(s) _____	Quantity _____	Retail Value \$ _____

Please mail payment and form to:

Global Diversity Summit
 595 Piedmont Road Northeast
 Suite 320-255
 Atlanta, GA 30308
 Fax: (404) 745-0181

Email: info@globaldiversitysummit.org



GOLFER REGISTRATION FORM

Monday, July 21, 2008

Tee Time: 9 a.m.

Piedmont Driving Club

4405 Camp Creek Pkwy SE, Atlanta GA 30331

(404) 875-2566

Registration: **Silver (8)** - \$10,000 **Event (4)** - \$5,000 **Golf Team (4)** - \$2,500 **Individual** - \$395

Deadline: July 15th
After July 1st Registration
will be open to the public!

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form to:**

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Northeast
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Atlanta, GA 30308
Fax: (404) 745-0181

Make checks payable to:
Global Diversity Summit in
Commercial Real Estate

Player 1: _____ Please Note any
Dietary Restrictions:

Address: _____

Email: _____

Player 2: _____ Please Note any
Dietary Restrictions:

Address: _____

Email: _____

Player 3: _____ Please Note any
Dietary Restrictions:

Address: _____

Email: _____

Player 4: _____ Please Note any
Dietary Restrictions:

Address: _____

Email: _____

(Please circle one player as the main contact person)

Need Additional Information? Please Contact: Vivian Gibson at 404-610-9294 or gibsovi@gmail.com