



Heart and Sole Fitness Festival 2008

SPONSORSHIP

Registration Form

Thursday, February 14, 2008

10:30 am — 1:00 pm

My Company would like to participate as a _____ sponsor.
[\(click here for sponsorship level information\)](#)

Company Name: _____ Contact: _____

Address: _____ City: _____ Zip: _____

Phone Number: _____ E-mail: _____

Authorizing Signature: _____

- In addition to my sponsorship I will provide an item for 300 guest gift bags.
I will deliver to Mercy Medical Center Marketing Office by Thursday, February 7, 2008.
- In addition to my sponsorship I will provide a drawing item.
I will deliver to Mercy Medical Center Marketing Office by Thursday, February 7, 2008.

Your sponsorship includes six tickets for the Luncheon and Fitness Walk.

Please list names of attendees and T-Shirt Size XS S M L XL XXL XXL

Name	Size	Name	Size
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Method of payment:

- INVOICE ME**
- CHECK ENCLOSED**
- CREDIT CARD** Master Card VISA Exp. Date: _____

Card #: _____

Signature: _____ Amount: \$ _____
[\(click here for sponsorship amount\)](#)

Mail registration forms and payment to Mercy Medical Center

Marketing Department, 1512 12th Avenue Road, Nampa, ID 83686
 Registration forms may also be faxed to (208) 463-5876
 Registration **DEADLINE is Wednesday, January 30, 2008.**

For additional information call or email:

Diane Gudgel (208) 463-5870 • dianegudgel@chiwest.com

