

# REGISTRATION FORM



**Choose one of many ways to register or give.**

- Fax:** 602-467-3214  
**Mail:** See enclosed return envelope  
**Online:** [www.seenamagowitzfoundation.org/register](http://www.seenamagowitzfoundation.org/register)  
**Call:** Liz McBeth at 757-773-3622  
**E-mail:** [liz@seenamagowitzfoundation.org](mailto:liz@seenamagowitzfoundation.org)

**All entries must be received by August 15, 2016**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail requested to help reduce mailing costs

Golfer 1. \_\_\_\_\_

Golfer 2. \_\_\_\_\_

Golfer 3. \_\_\_\_\_

Golfer 4. \_\_\_\_\_

Sponsor Level: \_\_\_\_\_

Donation Only

Total Enclosed: \$ \_\_\_\_\_

Credit Card: Visa  MasterCard  American Express

Card No.: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Expiration Date: Month \_\_\_\_\_ Year \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

**August 27-29  
Boston  
Harbor Hotel**

I plan to be involved in the following way(s):

- Saturday Red Sox Game
- Sunday Dinner
- Monday Golf Classic
- Sponsorship only
- Sponsor a survivor or researcher to attend the dinner.
- Survivor. Pancreatic cancer survivors are invited to attend the dinner at no charge.
- I cannot attend but want to help fund pancreatic cancer research. Enclosed is my donation.

**Please make checks payable to:  
Seena Magowitz Foundation  
7105 E Paradise Drive  
Scottsdale, AZ 85254**

**Seena Magowitz  
FOUNDATION**

*The Face and Voice for Pancreatic Cancer*