

33RD ANNUAL

PIASD

GOLF

TOURNAMENT



PIA | SD

Join us for another fun-filled tournament at one of San Diego's premier golf courses! Our most popular event of the year will be held at the beautiful **Rancho Bernardo Inn**. This historic course has hosted PGA and LPGA events and boasts a peaceful valley backdrop complete with tree-lined fairways.

This full day tournament brings vendors, printers, paper merchants and buyers together to enjoy lunch, contests, prizes, dinner and awards. A great value for your dollar - get your foursome together and join us!

THURSDAY, MAY 4, 2017

11:30 AM - LUNCH & PUTTING CONTEST

1 PM - SHOTGUN TOURNAMENT

5:30 PM - DINNER, RAFFLE & AWARDS

\$145 PIASD MEMBER | \$169 NON MEMBER

Register Online at piasd.org or Complete/fax the Form on Reverse Questions? Call 858-800-6900

PIASD Golf Tournament I Thursday, May 4, 2017

REGISTRATION FORM

Please fax to (858) 800-6903

I am registering and paying for the attendees listed below. I understand that if my teammates will be paying their own fees, they must register separately. I will list their names in the next section. Fees must be paid with registration. I understand that my reservations are not confirmed until PIA/SD receives my payment.

1. Name _____	PIA/SD Member Y <input type="checkbox"/> N <input type="checkbox"/>	3. Name _____	PIA/SD Member Y <input type="checkbox"/> N <input type="checkbox"/>
Company _____		Company _____	
Email _____		Email _____	
2. Name _____	PIA/SD Member Y <input type="checkbox"/> N <input type="checkbox"/>	4. Name _____	PIA/SD Member Y <input type="checkbox"/> N <input type="checkbox"/>
Company _____		Company _____	
Email _____		Email _____	

Please team me up with the following players. They will register and pay for themselves:

I am signing up and paying for myself, please place me in a team of four.

OR

Name _____

Company _____

Email _____

PIA/SD Member
Y N

- I will attend only the banquet (\$40 per person)
- Please fax me directions to Rancho Bernardo Inn
- Name _____ Fax # _____
- My check is enclosed (or if faxing, being mailed) Amount _____
- Visa MasterCard Amex
- Account # _____ CVS _____
- Signature _____
- Exp Date _____ Zip Code _____



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Questions? Call (858) 800-6900

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