



34th Annual AAIP Golf Tournament

presented in partnership with



Registration Packet

Our last event had over 100 attendees!

TopGolf, Austin, TX | Thursday, April 11, 2024 2700 Esperanza Crossing, Austin, TX 78758 Registration/Networking: 11am Tee Time: 12pm

Fundraiser Benefitting:

Austin Firefighters Relief and Outreach Fund
Wooten Elementary School

Visit AAIP's website for more information!

http://austininsuranceprofessionals.com/top-golf-event

Deadline for Registration: April 4th!

Note: Sponsorship deadline is March 28^{th} .

For questions, please contact:

Meghan Welte 512-294-8180 meghan.welte@serviceinsurance.com Jessica Hahn 512-970-4113 JHahn@xptspecialty.com Marjolyn Varano 512-571-3834 marjolyn.varano@imacorp.com



If you aren't already a member, join AAIP today!

Click **HERE** to access the new member application or use the following QR code



Not ready to join but want to get in the know?

Click **HERE** to get added to our mailing list or use the following QR code.



The Austin Association of Insurance Professionals is a non-profit organization serving the community through fundraisers, networking events and charitable donations. As a founding chapter of the Federation of Insurance Women of Texas our members have supported the organization for over 60 years in Austin, Texas.

Mission Statement

To engage, empower and educate insurance professionals in the Central Texas Area. Provide a supportive networking environment designed to build enduring relationships for all members engaged in the insurance industry in order to further the professionalism, reputation and opportunities of the industry. Promote community involvement through charitable endeavors and educational scholarships.



Registration Contact Information & Submission Checklist

	Contact Name:	Company Name:	
	Address:	City/Zip Code:	
	Tital Coo-	City/Zip Code-	
	Email Address:	Phone Number:	
	also be presented so advise attendees to bring cash if t		
		Bay Sponsorships that can be added on to any registration!	
		ar selected registration(s) and return all information to	
<u>Megnan v</u>	<u>Velte at Meghan.Welte@serviceinsurance.c</u>	<u>om∙</u>	
Team - \$6	600 per team (6 golfers per team):		
□ Ple	ease complete and include the Payment Informati	ion Form.	
□ Nı	umber of team(s): \Box Total owed:		
	aportant! If you are inviting folks that are <i>not</i> with at registration. Golfers can add their name to the	th your company, please advise them to reference your company's ne bay the day of the event.	
\Box If:	you will have less than 6 golfers per team, please	advise the # of golfers:	
	\Box If you have less than 6 golfers, may we assign individual golfers to your team? \Box The more the merrier! \Box We'd prefer you didn't \Box If possible, put us in a bay with:		
	ease leave specific notes here (such as another conspecific team, or anything else we should know):	mpany you'd like to share a bay with, if these golfers should be added	
Individua	l Golfer(s) - \$100 per golfer:		
□ Ple	ease complete and include the Payment Informati	ion Form.	
□ Nu	umber of golfer(s): \Box Total owed:		
	nportant! If you are inviting folks that are <i>not</i> wit e at registration. Golfers can add their name to th	th your company, please advise them to reference your company's ne bay the day of the event.	
	ease leave specific notes here (such as another conspecific team, or anything else we should know):	mpany you'd like to share a bay with, if these golfers should be added	
Non-Golfe	er Attendee(s) - \$65 per person:		
□ Ple	ease complete and include the Payment Informati	ion Form.	
□ Nu	umber of non-golfer(s): \Box Total owed:		
	Important! If you are inviting folks that are <i>not</i> with your company, please advise them to reference your company's ame at registration. Golfers can add their name to the bay the day of the event.		
	\Box Please leave specific notes here (such as another company you'd like to share a bay with, if these golfers should be added to a specific team, or anything else we should know):		
AAIP Mer	nber Non-Golfer Attendee(s) - \$55 per pers	son:	
□ Ple	ease complete and include the Payment Informati	ion Form.	
□ Nı	umber of AAIP non-golfer(s): \Box Total \odot	owed:	
□ Fi	rst and last name of each AAIP non-golfer attende	ee:	

☐ Please leave specific notes here (such as another company you'd like to share a bay with, if these golfers should be added

to a specific team, or anything else we should know):



How to Pay

☐ Send me an invoice!

NOTE: If you do not select the above, you will not receive an invoice from AAIP.



Click **HERE** to use a Credit Card or pay by ACH on AAIP's ePay site.

Please note: There are fees associated with using this payment method.

In the Notes section, please include:

- 1) your Company's name
- 2) the Registration(s) you are paying for, matching the information given on this registration form



Thank you for supporting AAIP! - www.austininsuranceprofessionals.com