



Company _____

Name _____

Title _____

Address _____

Telephone _____

E-mail _____

Event: *Puma Elite Invitational 2008: Miami Experience*

Business Class @ \$3,750 per person (non golfing @ \$2,800 per person) includes:

Based on 4 persons, double occupancy

- Five nights accommodations at The Shore Club in superior room with either one king or two queen beds
- Two days golf at La Gorce, Monday and Tuesday
- Two nights nightlife in Miami with table & bottle service, Saturday and Tuesday
- Five continental breakfasts at The Shore Club
- JetSet Elite hosts & hostesses
- Ground transportation to all JetSet Elite events including airport transfers
- Assistance scheduling flights to and from Miami and Punta Cana (for Puma Elite Invitational 2008)

Special Requests



Participant, Handicap, and Guest Registration*

* Please note, all guests must sign and return liability form

- 1. _____ Business non golfer
- 2. _____ Business non golfer
- 3. _____ Business non golfer
- 4. _____ Business non golfer
- 5. _____ Business non golfer
- 6. _____ Business non golfer
- 7. _____ Business non golfer
- 8. _____ Business non golfer
- 9. _____ Business non golfer
- 10. _____ Business non golfer
- 11. _____ Business non golfer
- 12. _____ Business non golfer

Package	Price	# of Guests	Total
Business Class golfer @	\$3,750	X _____ =	_____
Business Class non golfer @	\$2,800	X _____ =	_____
		TOTAL =	_____



I _____, of _____

am registering the above guests in **The Puma Elite Invitational 2008: Miami Experience** in Miami, Florida USA, October 18th to 23rd, 2008. I realize that each of the above guests is also responsible for submitting individual liability forms in addition to this form of payment.

As of the date of this agreement, I have an outstanding balance of: _____.

A non-refundable deposit payment totaling \$1,500 per guest is due at signing, and will be charged according to the payment type scheduled below. The remainder of the balance is payable anytime up to and due September 1, 2008.*

**Please note, all reservations without full payment by September 1, 2008 are subject to cancellation without client reimbursement*

TMG Enterprises LLC reserves the right to cancel any registration with a full client refund before June 30th, 2008.

Method of payment: check credit card wire (contact us for details)

Credit Card:

I agree to the terms of this agreement, and authorize TMG Enterprises LLC to charge my credit card in the amount of :

Name as it appears on card: _____

Card Type: _____ Card Number: _____

Security Code: _____ Date of Expiration: _____

Billing Address: _____

Remaining balance may be paid by check or credit card

Please mark if remaining balance is to be paid by credit card given

Check:

Checks can be made payable to TMG Enterprises LLC.

Client _____ **Date** _____
(Printed)

Client _____
(Signature)