

PGO Statewide Annual Meeting

OCTOBER 25th & 26th - 2018

HERITAGE HILLS GOLF RESORT

SCHEDULE OF EVENTS

THURSDAY, October 25th

11:30 am ~ Event Registration.

1:00 pm ~ Golf Outing w/Boxed Lunch.

6:30 pm ~ Reception / Dinner / Networking.

~ **KNICKERS PUB patio & restaurant** ~

FRIDAY, October 26th

~ **The Windows Ballroom** ~

7:45 am- lite continental buffet breakfast

8:00 am - Guest Speakers & Panel Discussion.

12:30 pm - Luncheon

1:15 pm - Wrap-Up , Robert Kleckner.

Guest Speakers:

- Robert Kleckner – State of the game in PA.
- Pete Ramsey & Charlie Groff – Legislative update (SRBC, golf advocacy)
- Tom Barnhart – RevTech Plus
- Steve Troutman – entegra / Int'l Club Suppliers
- Sara Muldoon – Hershey CC
- John Longstreet – PRLA
- Myneca Ojo / Sandra Harrison – Sisters in the Fairways

‘The Diversity and Inclusion’ panel discussion:

- Steve Graybill – Foxchase Golf Club, NGCOA Vice-President, PGO Director.
- Donna Horvath – Honeybrook Golf Club, PGO Secretary.
- Sandra Harrison – Sisters in the Fairways.
- Robert Kleckner – Linfield National Golf Club, PGO President.
- John Longstreet – PA Restaurant & Lodging Assoc. President.
- Myneca Ojo – Director, Diversity & Inclusion PA Turnpike Commission.
- Geoffery Surrette – Executive Director, PGA Philadelphia section.

Accommodations at HHGR:

(CODE: "PGO102418") = \$125.00

(All rates dbl. occupancy): (PGO rate)

Front desk: 717-755-0123

(Note: There are add'l hotels near HHGR)

**Please book HHGR room TODAY!
You must book your own hotel
reservation! (PGO operators block)**

MEETING REGISTRATION

Please mark one box below....

10/25: Golf Outing, Reception & Dinner.

10/26: Meeting and Meals.

\$ 120.00 per person / \$ **190.00** per couple.

10/25: Reception & Dinner (**no golf**).

10/26: Meals & Meetings.

\$ 60.00 per person / \$ 95.00 per couple.

10/26: Friday Meals & Meetings Only.

(I **will not** attend on Thursday the 25th)

\$ 35.00 per person

* **Non-mbrs add \$10.00 to pricing (except hotel).**

* **Corp. Partner brochure space = No Charge !**

* **Total Enclosed \$** _____

Attendee(s)

Member Facility or Company affiliation

Address

City, State, zip

Phone

Method of Payment

Check Enclosed

Amex # _____

Dscvr # _____

VISA# _____

MC# _____

CC Exp. Date _____ **Zip Code:** _____

MAIL TO: PO BOX #167, Lionville, PA 19353