

SIU SCHOOL OF MEDICINE
CLASS AGENT PROGRAM

_____ Yes, I am willing to serve as Class Agent

Name: _____

Mailing Address: _____

Work Phone: _____

Home Phones: _____

Fax _____

Email _____

_____ Will not be able to serve as Class Agent, but recommend the following person(s).

Please return via U.S mail or fax to Julie Robbs at (217) 545-2024
Office of Alumni Affairs
SIU School of Medicine
P.O. Box 19604
Springfield, Il. 62794-9604