

REUNION 2018 Alumni Registration Form

Registration implies the consent of the registrant and all adult guest(s) for the use of photographic images on the School of Medicine alumni webpage/social media and in Aspects magazine or future reunion-related materials.

Fill out form completely to list all participants and indicate which events will be attended. (Please print legibly)

(for name badge): First Name _____ Last Name _____

Last Name at time of graduation (if different from current last name) _____

Mailing Address: _____

City: _____ State/province: _____ Postal code _____

Primary email: _____ Preferred phone: (____) _____ - _____

Class Year:

- 1978
 1983
 1988
 1993
 1998
 2003
 2008
 Other _____

Specialty: _____

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YES, I will be attending:

- June 22 — **Friday night reception** at Erin’s Pavilion (no shuttle this year)
- June 23 — **Saturday morning** campus tour
- June 23 — **My class picnic/gathering** on Saturday
- June 23 — **Saturday night celebration/dinner** at Crowne Plaza (adults only)

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YES, My spouse/partner/adult guest will be attending some or all events with me

Spouse/partner/guest name (for name badge): _____
First
Last
Credentials
if applicable (e.g. PhD, M.D.)

This person is my: Spouse Partner Guest

Is your spouse/guest an SIU SOM alumnus/a? _____ If yes, what is his/her graduation year: _____

My spouse/significant other will be attending the following event(s) with me:

- June 22 — Friday night** at Erin’s Pavilion **June 23 — Saturday class picnic/gathering**
- June 23 — Saturday morning campus tour** **June 23 — Saturday night dinner** at Crowne Plaza (Adults only)

Note: Be sure to fill out the memory book questions. The link is on our Reunion 2018 webpage
<http://www.siumed.edu/alumniAffairs/reunion-2018.html>

YES, My child(ren) will be attending the following events with me/us:

CHILD 1: _____	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
First Name _____ Last name _____		
Age _____	<input type="checkbox"/> Friday reception	<input type="checkbox"/> Sat. tour <input type="checkbox"/> Sat. picnic
CHILD 2: _____	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
First Name _____ Last name _____		
Age _____	<input type="checkbox"/> Friday reception	<input type="checkbox"/> Sat. tour <input type="checkbox"/> Sat. picnic
CHILD 3: _____	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
First Name _____ Last name _____		
Age _____	<input type="checkbox"/> Friday reception	<input type="checkbox"/> Sat. tour <input type="checkbox"/> Sat. picnic
CHILD 4: _____	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
First Name _____ Last name _____		
Age _____	<input type="checkbox"/> Friday reception	<input type="checkbox"/> Sat. tour <input type="checkbox"/> Sat. picnic

VEGETARIAN REQUEST I am vegetarian My guest(s) is/are vegetarian (Number of vegetarians: _____)

FOOD ALLERGIES/DIETARY RESTRICTIONS: Please notify us by June 11 (alumniaffairs@siumed.edu)

Pursuant to the ADA, please advise if you or your guest(s) require(s) special assistance by emailing us at alumniaffairs@siumed.edu

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SIU SCHOOL OF MEDICINE REUNION 2018 PAYMENT

EVENT	Price	QTY	TOTAL price
Class of '78 gathering – Hosted by Kevin and Linda Dorsey	\$15 per adult		\$ _____
Class of '83 gathering – Hosted by Ron and Therese Romanelli	Lunch provided (no charge)		
Class of '88 gathering – Poolside (not clubhouse) at Panther Creek Country Club	Pay your own expense that day (cash only for country club snack bar and drinks)		
Class of '93 gathering – Crowne Plaza Rooftop Terrace	Pay your own expense that day		
Class of '98 gathering – Informal gathering at Arlington's	Pay your own expense that day		
Class of '03 gathering – TBD	TBD		
Class of '08 gathering – Crowne Plaza Rooftop Terrace	Pay your own expense that day		
Saturday evening Reunion celebration (adults only)	\$50 per alumni/\$50 per guest		\$ _____
TOTAL PAYMENT INCLUDED WITH THIS REGISTRATION CHECK ONLY <i>to be made to: SIU School of Medicine</i>	Please return registration and payment so that we receive it in our office by June 11, 2018		\$ _____

Mail your registration and check to: Office of Alumni Affairs | SIU School of Medicine | P.O. Box 19650
Springfield, IL 62794-9650