



REUNION 2020 Alumni Registration Form

Please register no later than June 8, 2020

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:

- Class Year options: 1975, 1980, 1984/85, 1990, 1995, 2000, 2005, 2010, Other

Specialty: _____

YES, I will be attending:

- Event selection checkboxes: June 26 reception, June 27 campus tour, June 27 lunch, June 27 dinner

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

Name (for name badge): _____

First Last Credentials (if applicable)

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:

- Event selection checkboxes for spouse/significant other

Note: Be sure to fill out the memory book questions. The link is on our Reunion 2020 webpage www.siumed.edu/reunion20

