

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 for	m complete	ly to list all part	cicipants and	indicate whi	ch events wi	ill be attende	d. (Please pri	nt legibly)	
(for name badge): First Name				Last Name					
Last Name	at time of g	raduation (if dif	ferent from c	urrent last n	ame)				
Mailing Ad	dress:								
City:	City:			State/province:			Postal code		
Primary en	nail:				_ Preferred p	ohone: () -		
Class Year:									
□ 1975	□ 1980	□ 1984/85	□ 1990	□ 1995	□ 2000	□ 2005	□ 2010	☐ Other	
Specialty: _									
						т т			
YES, I will	be attendi	ng:							
☐ June 27 ☐ June 27	7 — Saturda 7 — My clas	night receptior ay morning car as lunch on Sat ay night celebr	npus tour urday ation dinner	at the Abra	·	n Presidentia	al Museum (adults only)	
☐ YES, M	y spouse/p	artner/adult g	uest will be	attending	some or all	events with	me:		
Name (f	or name ba	ndge):							
This area			rst	l Coord	Last		if applic	Credentials able (e.g., PhD, M.D.)	
•	•	□ Spouse □			If you what	tichic/bora	raduation va	ear:	
•			-		- , ,			ar:	
		ficant other wi		_	_		:		
□ June □ June	27 — Satu 27 — My c	ay night recept rday morning class lunch on S	campus tour Saturday	. `		, ,			
□lune	27 — Satu	rday night cele	hration ding	ner at the Δ	hraham Lind	coln Preside	ntial Museur	n (adults only)	

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

☐ YES, My child(ren) will be attending the following events with me/us: CHILD 1: ___ □MALE □FEMALE First Name Last name Age ____ \square Friday reception \square Sat. tour \square Sat. lunch CHILD 2: ___ □MALE □FEMALE First Name Last name \square Friday reception \square Sat. tour \square Sat. lunch Age CHILD 3: ____ □MALE □FEMALE First Name Last name Age _____ ☐ Friday reception ☐ Sat. tour ☐ Sat. lunch CHILD 4: _ □MALE □FEMALE First Name Last name \square Friday reception \square Sat. tour \square Sat. lunch Age ___ **VEGETARIAN REQUEST** □ I am vegetarian ☐ My guest(s) is/are vegetarian (Number of vegetarians: _____) FOOD ALLERGIES/DIETARY RESTRICTIONS: Please notify us by June 8 (alumniaffairs@siumed.edu) According to the ADA, please advise if you or your guest(s) require(s) special assistance by emailing us at alumniaffairs@siumed.edu

SIU SCHOOL OF MEDICINE REUNION 2020 PAYMENT

EVENT	Price	QTY	TOTAL price
Class of '75 lunch – No preplanned lunch. Enjoy visiting Springfield or discuss lunch plans on Friday evening.	Pay own expenses		
Class of '80 lunch — Engrained Brewery & Rest.	Pay own expenses		
Class of '84/85 lunch – Doug & Katie Carlson's home	No cost		
Class of '90 lunch – Panther Creek Country Club	Pay own expenses		
Class of '95 lunch – Traves & Felicia Crabtree's home	No cost		
Class of '00 – Island Bay Yacht Club	Lunch \$15/13 & older; \$7/6-12 yrs. per person (5 & under free)		\$
Class of '05 - No preplanned lunch. Enjoy visiting Springfield or discuss lunch plans on Friday evening.	Pay own expenses		
Class of '10 lunch — Buzz Bomb Microbrewery Kidzeum is next door; feel free to visit before/after lunch. Pay own entry.	Lunch \$15/13 & older; \$7/6-12 yrs. per person (5 & under free)		\$
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 8, 2020		\$