



Class of '76 Alumni Reunion 2021 Registration Form

Please register no later than **September 17, 2021**

Registration implies the registrant's consent 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)

First Name _____ Last Name _____

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

Mailing Address:

Street: _____

City: _____ State/province: _____ Zip code _____

Primary email: _____ Preferred phone: () - _____

Class Year:

☐ 1976 ☐ Other _____

Specialty: _____

YES, I will be attending:

- ☐ October 1 — **Friday night reception** at Panther Creek Country Club (5:30-8:30 p.m.)
- ☐ October 2 — **Saturday afternoon** We want to get an idea of the activity you might like to attend on Saturday. You are not limited to that activity; but it helps us plan Saturday (you will pay any fees). Please check only one:

- ☐ Adam's Wildlife Sanctuary <https://illinoisaudubon.org/location/adams-wildlife-sanctuary/>
- ☐ Abraham Lincoln Presidential Library & Museum <https://presidentlincoln.illinois.gov/>
- ☐ Governor's Mansion <https://www2.illinois.gov/sites/GovernorsMansion/Visit/Pages/default.aspx>
- ☐ Frank Lloyd Wright's Dana Thomas House <https://dana-thomas.org/>
- ☐ Tour of School of Medicine <https://www.siumed.edu/>
- ☐ Lincoln Memorial Gardens <http://lincolnmemorialgarden.org/>
- ☐ None of the above. I have other plans.
- ☐ Other: _____

- ☐ October 2 — **Saturday night celebration/dinner** at Maldaner's Restaurant (5:30-9:00 p.m.)

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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? ☐ Yes ☐ No If yes, what is his/her graduation year: _____

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

- ☐ **October 1 — Friday night** at Panther Creek Country Club
☐ **October 2 — Saturday afternoon** (as indicated above)
☐ **October 2 — Saturday night** at Maldaner's Restaurant

Note: Be sure to fill out the memory book questions. The link is on our Class of '76 Alumni Reunion 2021 webpage www.siumed.edu/76reunion2021

VEGETARIAN REQUEST ☐ I am vegetarian ☐ My guest(s) is/are vegetarian

(Number of vegetarians: _____)

FOOD ALLERGIES/DIETARY RESTRICTIONS: Please notify us by **September 17, 2021**
(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 CLASS OF '76 ALUMNI REUNION 2021 PAYMENT

EVENT	Price	QTY	TOTAL price
Friday evening reception – Panther Creek Country Club	\$37.00 per alum/guest		\$ _____
Saturday evening Reunion celebration (adults only)	\$60.00 per alum/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 them in our office by September 17, 2021. Make check payable to SIU School of Medicine.		\$ _____

Mail your registration and check to:

Office of Alumni Affairs | SIU School of Medicine | P.O. Box 19650, Springfield, IL 62794-9650