

REUNION 2019 Alumni Registration Form

Please register no later than June 10, 2019

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:

- 1979 1989 1994 1999 2004 2009 Other _____

Specialty: _____

YES, I will be attending:

- June 21 — **Friday night reception** at Erin's Pavilion (no shuttle this year)
- June 22 — **Saturday morning** campus tour
- June 22 — **Saturday morning** / Class of 1979: 70 Doctors, 40 Years: A Reflection
- June 22 — **My class lunch/gathering** on Saturday
- June 22 — **Saturday night celebration/dinner** at President Abraham Lincoln Hotel (adults only)

- 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:

- | | |
|--|---|
| <input type="checkbox"/> June 21 — Friday night at Erin's Pavilion | <input type="checkbox"/> June 22 — Saturday class lunch/gathering |
| <input type="checkbox"/> June 22 — Saturday morning campus tour | <input type="checkbox"/> June 22 — Saturday night dinner at President Abraham Lincoln Hotel (Adults only) |
| <input type="checkbox"/> June 22 — Saturday morning Class of '79 | |

Note: Be sure to fill out the memory book questions. The link is on our Reunion 2019 webpage
www.siumed.edu/reunion19

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. lunch
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. lunch
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. lunch
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. lunch

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

T T T T T T T T T T T T T T T T T

SIU SCHOOL OF MEDICINE REUNION 2019 PAYMENT

EVENT	Price	QTY	TOTAL price
Class of '79 gathering – Hosted by Holly Novak	\$12.50 per adult		\$ _____
Class of '89 gathering – Boone's Saloon	Pay your own expenses		
Class of '94 gathering – Obed & Isaac's Microbrewery	Pay your own expenses		
Class of '99 gathering – Obed & Isaac's Microbrewery	Pay your own expenses		
Class of '04 gathering – Arlington's	Pay your own expenses		
Class of '09 gathering – Buzz Bomb Microbrewery Kidzeum is next door; feel free to visit before/after lunch. Pay your own entry.	Lunch \$12.50/13 & older; \$5/3-12 yrs. per person (2 & 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 10, 2019		\$ _____

Mail your registration and check to:

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