

Registration Form

REUNION RECEPTION

Friday, November 5, 2021

School of Dentistry

Reunion Reception

(Classes ending in 0, 1, 5 and 6)

\$40.00 X _____ = _____

- Include my name on the online guest list so my classmates know I am coming!**

ALUMNUS/AE

Name *(For your badge)*

Class Year | Degree

SPOUSE or GUEST

Name *(For your badge)*

Guest Class Year | Degree *(Optional)*

Billing Information *(See other side)*

DEADLINE: October 15, 2021

Billing Information

Please print:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

Return this form to:

Gretchen Hannah

Office of Alumni Relations & Development

1011 N. University, Ste. 1420

Ann Arbor, MI 48109

or fax to 734-615-6285.

Check Enclosed

(Please make checks payable to the University of Michigan)

Credit Card *(Please check one)*

Visa

Mastercard

Discover

American Express

Card Number: _____

Expiration Date: _____ CCV Code: _____

Signature: _____

DEADLINE: October 15, 2021