Friday, November 5, 2021
School of Dentistry
Reunion Reception
(Classes ending in 0, 1, 5 and 6)

$40.00 \times \_\_\_\_\_\_\_\_\_\_ = \_\_\_\_\_\_\_\_\_\_

☐ 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