

MEDICAL ALUMNI REUNION WEEKEND

April 25 - 27, 2025



WAYNE STATE
School of Medicine

Connect and Engage

REGISTRATION FORM

PERSONAL INFORMATION

Please print all information

Name: _____ Class Year _____

Guest's name for nametag: _____

Address: _____

Preferred Phone: _____ (Please indicate: Home/Cell/Business)

E-Mail: _____ Medical Specialty: _____

(Registration information will be sent to the address provided and any event updates will be sent to the email provided)

FRIDAY, APRIL 25

Welcome Reception at the School of Medicine, 540 E. Canfield, Detroit

6:00 p.m. – 8:30 p.m. **Welcome Reception**

Alumni Association Member

Quantity ___ @ \$45 per person = _____

Alumni Association Non-Member

Quantity ___ @ \$50 per person = _____

(Menu: salads, beef tenderloin, soy glazed salmon, pasta and vegetable stations and ice cream sundae bar – beer and wine bar)

SATURDAY, APRIL 26

MGM Grand Detroit Hotel, 1777 Third Street, Detroit

7:30 a.m-1:00 p.m. **Breakfast Buffet, Morris S. Brent Lectureship** (This activity has been approved for *AMA PRA Category 1 Credit™*) and **Lunch***

Alumni Association Member

Quantity ___ @ \$50 per person = _____

Alumni Association Non-Member

Quantity ___ @ \$75 per person = _____

12:00 – 1:00 p.m. **Lunch only***

Alumni Association Member

Quantity ___ @ \$25 per person = _____

Alumni Association Non-Member

Quantity ___ @ \$30 per person = _____

*(Lunch menu: Florentine and baby spinach lettuce blend, marcona almonds, grape tomatosmarinated kalamata olives, manchego cheese, sherry vinaigrette balsamic glazed chicken breast and strawberry shortcake – **vegan** served with balsamic roasted portobello steak in place of chicken)*

Gordon Scott Hall, 540 E. Canfield, Detroit

1:30 - 3:00 p.m. **School of Medicine Tour (transportation included)**

Quantity _____ Complimentary

MGM Grand Detroit Hotel, 1777 Third Street, Detroit

5:00-7:00 p.m. **Cocktail and Hors d'oeuvre Reception**

7:00-9:30 p.m. **Dinner* and Award Ceremony**

9:30p.m.-11:30p.m. **Afterglow & dancing**

Alumni Association Member

Quantity ___ @ \$125 per person = _____

Alumni Association Non-Member

Quantity ___ @ \$150 per person = _____

Please make dinner selection:

_____ *Beef Only: Braised short rib of beef with roasted garlic mashed potatoes, haricot verts, sauteed squash, candied shallots, natural jus and white chocolate mousse dome*

_____ *Fish Only: Lemon poached salmon with roasted garlic mashed potatoes, haricot verts, sauteed squash, candied shallots, natural jus and white chocolate mousse dome*

_____ *Dual Entrée: Braised short rib of beef and lemon poached salmon with roasted garlic mashed potatoes, haricot verts, sauteed squash, candied shallots, natural jus and white chocolate mousse dome*

_____ *Vegetarian: Fontina ravioli – sauteed squash, spinach, roasted peppers, mushroom cream sauce*

***Please indicate any dietary restrictions or allergies for you or your guest.**

More on back page

SUNDAY, APRIL 27

10 a.m. – 12:30 p.m. **Detroit Bus Tour** led by City Institute (meet at 9:45 for bus pickup)

Alumni Association Member

Quantity ___ @ \$30 per person = _____

Alumni Association Non-Member

Quantity ___ @ \$35 per person = _____

1:40 p.m.

Detroit Tigers vs. Baltimore Orioles Baseball Game - Comerica Park

Section 117

Quantity ___ @ \$40 per person = _____

REUNION CLASS GIFT

I would like to make a class reunion gift to the Medical Alumni Annual Fund = _____

REUNION PATRONAGE

I would like to be a reunion patron (\$500 suggested)
(acknowledged in event program and listed on website) = _____

MEMBERSHIP

Become an Alumni Association Member today and get the member discount on your reunion registration! If you are unsure of your membership status, contact 313-577-3587.

- One Year Membership- \$50
- Three Year Membership- \$130
- Lifetime Membership *Special Reunion offer* - \$600 (40% discount) = _____

Total Amount Due : \$ _____

CREDIT CARD/PAYMENT INFORMATION

Type of Credit Card: Visa MasterCard Discover American Express

Credit Card Number: _____ Expiration date: _____ CVV: _____

Name as it appears on credit card: _____

Signature: _____

Your credit card information or check payable to **WSU School of Medicine Alumni Association** must accompany this reservation form. The deadline for reservations, and cancellations with refunds is Friday, April 4.

You can also register online at alumni.med.wayne.edu/mard



Scan to register online

Please mail to:
WSU School of Medicine Alumni Association
Attn: Lisa Ramos
540 E. Canfield, 1369 Scott Hall
Detroit, MI 48201
(313) 577-3587 alumni@med.wayne.edu

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