

SUNDAY, MAY 15

9:45 a.m. Meet at **MotorCity Casino Hotel** conference entrance door for bus pickup

10 a.m. – 1:00 p.m. **Detroit Bus Tour** lead by Detroit Experience Factory

Alumni Association Member

Quantity ___ @ \$25 per person = _____

Alumni Association Non-Member

Quantity ___ @ \$30 per person = _____

3:30 p.m. **Detroit Medical Orchestra Concert**

Quantity _____ Complimentary

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- \$1,000 or two annual installments of \$500 _____

Total Amount Due : \$ _____

CREDIT CARD/PAYMENT INFORMATION

Type of Credit Card: ___ Visa ___ MasterCard ___ Discover ___ American Express

Credit Card Number: _____ Expiration date: _____ CVC: _____

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 29.

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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