



WAYNE STATE
School of Medicine

MEDICAL ALUMNI
REUNION WEEKEND

May 13 – 15, 2022

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)

Covid-19 Policy

Wayne State University is committed to promoting a safe environment and requires all members of the university community to be vaccinated. Reunion attendees are required to be vaccinated and may be asked to show proof of vaccination upon arrival at the event.

FRIDAY, MAY 13

The Corner Ballpark (at the old Tiger Stadium), 1680 Michigan Avenue, Detroit

6:00 p.m. – 8:30 p.m. **Reception**

Alumni Association Member Quantity ___ @ \$40 per person = _____
 Alumni Association Non-Member Quantity ___ @ \$45 per person = _____

Class of 1970 Dinner at Maggiano's, 2089 W Big Beaver Rd, Troy, MI

6:00 p.m. – 10:00 p.m. **Dinner (cash bar)** Quantity ___ @ \$70 per person = _____

SATURDAY, MAY 14

MotorCity Casino Hotel, 2901 Grand River Avenue, Detroit

7:30 a.m-1:00 p.m. **Continental Breakfast, Morris S. Brent Lectureship** (This activity has been approved for 3.75 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 ___ @ \$20 per person = _____
 Alumni Association Non-Member Quantity ___ @ \$25 per person = _____

(Lunch menu: MotorCity Spring Fresh Salad - Baby Arugula, Romaine, Honey Roasted Marcona Almond, Pickled Blueberries, Cucumber, Herbed Goat Cheese with Olive Oil and Herb Roasted Breast of Chicken served with a lemon mint vinaigrette dressing and Chambord Cheesecake with Raspberry Sauce and Fresh Berries)

Gordon Scott Hall, 540 E. Canfield, Detroit

1:30 - 3:00 p.m. **Tour of the School of Medicine** Quantity _____ Complimentary

MotorCity Casino Hotel, 2901 Grand River Avenue, 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.-midnight **Afterglow & dancing**

Alumni Association Member Quantity ___ @ \$125 per person = _____
 Alumni Association Non-Member Quantity ___ @ \$150 per person = _____

Please make dinner selection:

_____ *Dual Entrée: beef short rib (boneless) and Atlantic salmon with an Irish whisky glaze, dauphinoise potatoes, roasted broccolini and carrots.*

_____ *Beef Only: beef short rib (boneless), dauphinoise potatoes, roasted broccolini and carrots.*

_____ *Fish Only: Atlantic salmon with an Irish whisky glaze, dauphinoise potatoes, roasted broccolini and carrots.*

_____ *Vegan Polenta Cake: roasted red peppers, vegetable tomato gallimaufry, vegan soy cheese*

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

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

Consent to Use of Photographic Images

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