

REGISTRATION FORM

PERSONAL INFORMATION

Please print all information

| Trease print an | | | |
|---|---------------------------------------|------------------------------------|--|
| Name: | Class Year | | |
| Guest's name for nametag: | | | |
| Address: | | | |
| Preferred Phone: | (Please indicate: Home/Cell/Business) | | |
| E-Mail:Med | Medical Specialty: | | |
| (Registration information will be sent to the address pr | ovided and any event updates w | ull be sent to the email provided | |
| FRIDAY, MAY 13 | | | |
| The Corner Ballpark (at the old Tiger Stadium), 1680 Mic | higan Avenue, Detroit | | |
| 6:00 p.m. – 8:30 p.m. Reception | _ | | |
| Alumni Association Member | Quantity@ \$40 p | er person = | |
| Alumni Association Non-Member | Quantity@ \$45 p | er person = | |
| Class of 1970 Dinner at Maggiano's, 2089 W Big Beaver Ro | 1 Troy MI | | |
| 6:00 p.m. – 10:00 p.m Dinner (cash bar) | | er person = | |
| oloo piini 10.00 piini Diiniei (cush bur) | Quantity | | |
| SATURDAY, MAY 14 | | | |
| MotorCity Casino Hotel, 2901 Grand River Avenue, Detro | | | |
| 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* | 0 0.050 | | |
| Alumni Association Member | | er person = | |
| Alumni Association Non-Member | Quantity@ \$75 p | er person = | |
| 12:00 – 1:00 p.m. Lunch only* | | | |
| Alumni Association Member | Quantity @ \$20 n | er person = | |
| Alumni Association Non-Member | | er person = | |
| (lunch menu: Winter Kale Salad with Cucumber, Radish Wheels | | | |
| Crumbled Goat Cheese with a Warm Honey Grilled Chicken Br | | ey Vinaigrette Dressing and a | |
| Chambord Cheesecake with Raspberry Sauce and Fresh Berrie. | 5) | | |
| Gordon Scott Hall, 540 E. Canfield, Detroit | | | |
| 1:30 - 3:00 p.m. Tour of the School of Medicine | Quantity | Complimentary | |
| 1.50 5.00 p.m. Tour of the sensor of Medicine | Qualitity | comprimentary | |
| MotorCity Casino Hotel, 2901 Grand River Avenue, Detro | it | | |
| 5:00-7:00 p.m. Cocktail and Hors d'oeuvre Reception | | | |
| 7:00-9:30 p.m. Dinner and Award Ceremony* | | | |
| 9:30p.mmidnight Afterglow & dancing | | | |
| Alumni Association Member | | 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 w | hisky glaze, dauphinoise potatoes, | |
| roasted broccolini and carrots. | 1 | 1 | |
| Beef Only: beef short rib (boneless), d Fish Only: Atlantic salmon with an Iri | auphinoise potatoes, roasted brocco | olini and carrots. | |
| Fish Only: Atlantic salmon with an Irl Vegan Polenta Cake: roasted red pepp | | | |
| *Please indicate any dietary restrictions or allergie | | regan soy encese | |
| rease material any dictary restrictions of antigic | s tot jou of jour guest. | | |

| SUNDAY, MAY 1: | <u>5</u> | | | |
|----------------------|--|-------------------------------|----------------------------------|--|
| 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 | | |
| Alun | nni Association Member | Quantity@ \$25 | 5 per person = | |
| Alun | nni Association Non-Member | Quantity@ \$3 0 |) per person = | |
| 3:30 p.m. | Detroit Medical Orchestra Conc Community Arts Auditorium, 54 | | | |
| | | Quantity | Complimentary | |
| REUNION CLASS | S GIFT | | | |
| I would like to make | e a class reunion gift to the Medical A | lumni Annual Fund | = | |
| REUNION PATRO | ONAGE | | | |
| I would like to be a | reunion patron (\$500 suggested) | ged in event program and list | ad an wahsita) — | |
| | (искношей) | gea in eveni program ana iisi | eu on weosite) – | |
| | Association Member today and get the abership status, contact 313-577-3587 | • | reunion registration! If you are | |
| □ One Year | Membership- \$50 | | | |
| | r Membership- \$130 | | | |
| ☐ Lifetime N | Membership- \$1,000 or two annual ins | stallments of \$500 | | |
| | | Total Amount Due | : \$ | |
| CREDIT CARD/P | AYMENT INFORMATION | | | |
| Type of Credit Card | l:Visa MasterCard | DiscoverAmerican E | xpress | |
| Credit Card Number | r: | Expiration date: _ | CVC: | |
| | 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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