

REGISTRATION FORM

PERSONAL INFORMATION

Please print all information

Class Year			
(Please indicate: Home/Cell/Business)			
Medical Specialty:			
will be sent to the address p	rovided and any event updates v	will be sent to the email provided,	
	chigan Avenue, Detroit		
1			
Alumni Association Member Quantity		@ \$40 per person =	
tion Non-Member	Quantity@ \$45]		
Dinner (cash bar)	Quantity@ \$70]	per person =	
	t Lectureship (This activity ha	s been approved for 3.75 AMA	
PRA Category 1 Credit™) and Lunch*			
		per person =	
tion Non-Member	Quantity@ \$75]	per person =	
Alumni Association Member		Quantity@ \$20 per person =	
tion Non-Member	Quantity @ \$25]	per person =	
Cheese with Olive Oil and Herb	Roasted Breast of Chicken served w		
field. Detroit			
nool of Medicine	Quantity	Complimentary	
Grand River Avenue, Detroors d'oeuvre Reception ard Ceremony* dancing tion Member tion Non-Member	Quantity@ \$125	5 per person = 5 per person =	
i and carrots. Only: beef short rib (boneless), c Only: Atlantic salmon with an Ir n Polenta Cake: roasted red pep	dauphinoise potatoes, roasted brocc ish whisky glaze, dauphinoise potat pers, vegetable tomato gallimaufry,	olini and carrots. oes, roasted broccolini and carrots.	
	Med will be sent to the address possible to the address possible to Member to Non-Member to Non-Member to Member to Non-Member to Non-Member to Non-Member to Non-Member to Member to Memb		

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) —	
	(искношеид	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

Consent to Use of Photographic Images

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