

Medical Alumni Reunion Weekend



May 17-19, 2019

SCHOOL OF MEDICINE

REGISTRATION FORM

PERSONAL INFORMATION

Please print all information

Name: _____ Class Year _____

Guest's name for nametag: _____

Address: _____

Home Phone: _____ Alt. Phone: _____ 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, MAY 17

Detroit Institute of Arts, 5200 Woodward Avenue, Detroit

6:30 p.m. – 8:30 p.m. **Reception**

Alumni Association Member

Quantity ___ @ **\$25 per person** = _____

Alumni Association Non-Member

Quantity ___ @ **\$30 per person** = _____

SATURDAY, MAY 18

Gordon Scott Hall, 540 E. Canfield, Detroit

7:30 a.m.-12:00 p.m. **Continental Breakfast, Morris S. Brent Lectureship (3.75 AMA PRA Category 1 Credits™) and Luncheon***

Alumni Association Member

Quantity ___ @ **\$50 per person** = _____

Alumni Association Non-Member

Quantity ___ @ **\$75 per person** = _____

12:00 p.m. **Annual Alumni Association Luncheon only***

Quantity ___ @ **\$15 per person** = _____

(Green Gazpacho, Baby Kale Grain Salad with salmon and chocolate mousse)

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

Quantity _____ **Complimentary**

MGM Grand Detroit, 1777 3rd Street, Detroit

5:00-6:50 p.m. **Cocktail and Hors d'oeuvre Reception**

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

9:30p.m.-midnight **Afterglow reception**

Alumni Association Member

Quantity ___ @ **\$125 per person** = _____

Alumni Association Non-Member

Quantity ___ @ **\$150 per person** = _____

Please make dinner selection:

_____ *Dual Entrée: Braised short rib of beef and grilled salmon, parmesan polenta, garlic broccolini, rainbow baby carrots, natural jus, lemon garlic butter.*

_____ *Vegetarian: Mediterranean grilled vegetable kabob, lemon rice, red lentils, tomatoes and red pepper saute.*

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

More on back page

SUNDAY, MAY 19

9:45 a.m. Meet at **MGM Grand Detroit** for bus pickup
10 a.m. – 12:30 p.m. **Detroit Bus Tour** lead by Detroit Experience Factory

Alumni Association Member Quantity___@ \$20 per person = _____
Alumni Association Non-Member Quantity___@ \$25 per person = _____

3:30 p.m. **Detroit Medical Orchestra Concert**
Community Arts Auditorium, 5401 Cass Avenue, Detroit

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) = _____

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 313-577-1380.

- 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: _____

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, May 3. You can also register online at <https://alumni.med.wayne.edu/mard>

Please mail to:
WSU School of Medicine Alumni Association
Attn: Lisa Ramos
540 E. Canfield, 1369 Scott Hall
Detroit, MI 48201
(877) WSU-MED1 alumni@med.wayne.edu Fax (313) 577-0423

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