

Medical Alumni Reunion Weekend



May 18-20, 2018



REGISTRATION FORM

PERSONAL INFORMATION

Please print all information

Name: _____ Class Year _____

Guest's name: _____

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)

SATURDAY, MAY 19

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***

9:30 p.m. – midnight **Dancing and Afterglow**

Quantity ___ @ \$125 per person = _____

Please make dinner selection:

_____ *Dual Entrée: Braised short rib of beef and herb crusted chicken, goat cheese risotto, green beans and roma tomato, natural jus.*

_____ *Vegetarian: Grilled Eggplant Roulade quinoa and wild grain pilaf balsamic tomato fondue.*

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

SPONSOR A RESIDENT/FELLOW

I would like to sponsor a resident to attend

Quantity ___ @ \$125 per person = _____

Would you like to distribute resident/fellow tickets yourself? _____

I would like to sponsor a table

Quantity ___ @ \$1,250 per table = _____

YOUR TABLE SIGN: PLEASE INDICATE WHAT YOU WOULD LIKE TABLE SIGN TO SAY

_____ *"This table is sponsored by UPG Internal Medicine"*

_____ *"This table is sponsored by Dr. Wayne"*

_____ *"Enjoy your evening!"*

_____ *Other* _____

| |
|------------------------------------|
| 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. Mail to Lisa Ramos, WSU Medical Alumni Association, 540 E. Canfield, 1369 Scott Hall, Detroit, MI 48201; fax to (313) 577-0423; or call (313) 577-3587 to register.