REGISTRATION FORM

PERSONAL INFORMATION

Please print all information

I am a member of the pecialty: d and any event updates with a second content of the pecial ty:	licate: Home/Cell/Business)
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	an polenta, garlic broccolini,
table kabob, lemon rice, red	d lentils, tomatoes and red
for you or your guest	
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1	Quantity@ \$30] at Lectureship (3.25 AMA Quantity@ \$50] Quantity@ \$75] Quantity@ \$15] Quantity@ \$20] led chicken and chocolate bro Quantity@ \$150 Quantity@ \$150

SUNDAY, MAY 19 9:45 a.m.	Meet at MGM Grand Detroit fo	or bug piakup		
	Detroit Bus Tour lead by Detroit			
	ni Association Member ni Association Non-Member		Quantity@ \$20 per person = Quantity@ \$25 per person =	
3:30 p.m.	Detroit Medical Orchestra Con Community Arts Auditorium,			
		Quantity	Complimentary	
REUNION CLASS I would like to make	GIFT a class reunion gift to the Medical	Alumni Annual Fund	=	
REUNION PATRO	NAGE cunion patron (\$500 suggested)	(acknowledged in event	t program) =	
	association Member today and get ership status, contact 313-577-138	the member discount on your reuni 80.	on registration! If you are	
☐ Three Year	Membership- \$50 Membership- \$130 embership- \$1,000 or two annual i	installments of \$500		
		Total Amount Due : \$		
CREDIT CARD/PA	YMENT INFORMATION			
Type of Credit Card:	Visa MasterCard	DiscoverAmerican Expre	ess	
Name as it appears or		Expiration date:		
Your credit card inforthis reservation form.	rmation or check payable to WSU	School of Medicine Alumni Associated cancellations with refunds, is Frid		

Please mail to: WSU School of Medicine Alumni Association Attn: Lisa Ramos 540 E. Canfield, 1369 Scott Hall Detroit, MI 48201 alumni@med.wayne.edu

(877) WSU-MED1

Consent to Use of Photographic Images

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