



WAYNE STATE
School of Medicine
**MEDICAL ALUMNI
REUNION WEEKEND**



REGISTRATION FORM

PERSONAL INFORMATION

Please print all information

Name: _____ Class Year _____
 Guest's name for nametag: _____
 Address: _____
 Preferred Phone: _____ (Please indicate: Home/Cell/Business)
 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 15

Highlands Detroit, 400 Renaissance Center, 72nd Floor, Detroit

6:30 p.m. – 8:30 p.m. **Reception**

Alumni Association Member Quantity ___ @ **\$35 per person** = _____
 Alumni Association Non-Member Quantity ___ @ **\$40 per person** = _____

Home of Jain and Carl Lauter, 70 Judy Lane, Bloomfield Hills, MI 48304

6:00 p.m. – 8:00 p.m. **Cocktails and hors d'oeuvres reception** Quantity _____ **No Charge**

Maggiano's, 2089 W Big Beaver Rd, Troy, MI

6:30 p.m. – 10:15 p.m. **Dinner** Quantity ___ @ **\$75 per person** = _____
 (Complete family style dinner in Amarone/Briendisi Room. Cash bar)

SATURDAY, MAY 16

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***

Alumni Association Member Quantity ___ @ **\$15 per person** = _____
 Alumni Association Non-Member Quantity ___ @ **\$20 per person** = _____

(lunch menu: green gazpacho, napa salad with sliced chicken, strawberries, oranges, grapefruit, mixed greens, feta cheese, arugula and berry vinaigrette and grilled pound cake with peaches and strawberry sauce)

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

MotorCity Casino Hotel, 2901 Grand River Avenue, 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 & dancing**

Alumni Association Member Quantity ___ @ **\$125 per person** = _____
 Alumni Association Non-Member Quantity ___ @ **\$150 per person** = _____

Please make dinner selection:

_____ *Dual Entrée: beef short rib boneless in a dark beer sauce and atlantic salmon with an irish whisky glaze, dauphinoise potatoes, roasted brocollini and carrots.*

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- _____ *Beef only: beef short rib boneless in a dark beer sauce, dauphinoise potatoes, roasted broccolini and carrots.*
- _____ *Fish only: atlantic salmon with an irish whisky glaze, dauphinoise potatoes, roasted broccolini and carrots.*
- _____ *Vegan Polenta Cake: roasted red peppers, vegetable tomato gallimaufry, vegan soy cheese*

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

SUNDAY, MAY 17

9:45 a.m. Meet at **MotorCity Casino Hotel** 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 Thursday, April 30. You can also register online at 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
 (313) 577-3587 alumni@med.wayne.edu

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