

SIU SCHOOL OF MEDICINE
CLASS AGENT PROGRAM

_____ Yes, I am willing to serve as Class Agent

Name: _____

Mailing Address: _____

Work Phone: _____

Home Phone: _____

Cell Phone: _____

Email: _____

_____ Will not be able to serve as Class Agent, but recommend the following person(s).

Please return via U.S. mail to:

Office of Alumni Affairs
SIU School of Medicine
P.O. Box 19650
Springfield, IL 62794-9650

or email to Julie Robbs at jrobbs@siumed.edu