

2017 SIU SCHOOL OF MEDICINE ALUMNI REUNION REGISTRATION FORM

Registration implies the consent of the registrant and adult guest(s) for the use of photographic images on the School of Medicine alumni web page and in Aspects magazine.

List all participants and indicate which events will be attended. (Please print legibly)

Alumnus/Alumna Name (for badge)	Class Year	Specialty
----------------------------------------	-------------------	------------------

Primary Phone: _____ **Work Phone:** _____

Primary Email: _____

- | | |
|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Friday Night Shuttle Service | <input type="checkbox"/> Friday Night Reception at Erin's Pav. |
| <input type="checkbox"/> Sat. Morning Campus Tour | <input type="checkbox"/> Class Picnic/Gathering |
| <input type="checkbox"/> Saturday Night Celebration at President Abraham Lincoln Springfield Hotel | |
| <input type="checkbox"/> Vegetarian options requested. List allergies or other dietary restrictions: | |

GUESTS

Spouse Name / **Adult Guest Name** (for badge)

(Please indicate relationship by checking applicable box)

- | | |
|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Friday Night Shuttle Service | <input type="checkbox"/> Friday Night Reception at Erin's Pav. |
| <input type="checkbox"/> Sat. Morning Campus Tour | <input type="checkbox"/> Class Picnic/Gathering |
| <input type="checkbox"/> Saturday Night Celebration at President Abraham Lincoln Springfield Hotel | |
| <input type="checkbox"/> Vegetarian options requested. List allergies or other dietary restrictions: | |

Child 1: _____ Male Female

First Name **Last Name**

- | | | |
|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Age 5 and Younger | <input type="checkbox"/> Age 6 – 12 | <input type="checkbox"/> Age 13 and Older |
| <input type="checkbox"/> Fri. Night Shuttle | <input type="checkbox"/> Fri. Night Reception at Erin's Pav. | |
| <input type="checkbox"/> Sat. Morning Campus Tour | <input type="checkbox"/> Class Picnic/Gathering | |
| <input type="checkbox"/> Vegetarian options requested. List allergies or other dietary restrictions: | | |

REGISTRATION CONTINUED

Child 2: _____ Male Female

- | | | |
|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------|
| First Name | Last Name | |
| <input type="checkbox"/> Age 5 and Younger | <input type="checkbox"/> Age 6 – 12 | <input type="checkbox"/> Age 13 and Older |
| <input type="checkbox"/> Fri. Night Shuttle | <input type="checkbox"/> Fri. Night Reception at Erin’s Pav. | |
| <input type="checkbox"/> Sat. Morning Campus Tour | <input type="checkbox"/> Class Picnic/Gathering | |
| <input type="checkbox"/> Vegetarian options requested. List allergies or other dietary restrictions: | | |
-

Child 3: _____ Male Female

- | | | |
|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------|
| First Name | Last Name | |
| <input type="checkbox"/> Age 5 and Younger | <input type="checkbox"/> Age 6 – 12 | <input type="checkbox"/> Age 13 and Older |
| <input type="checkbox"/> Fri. Night Shuttle | <input type="checkbox"/> Fri. Night Reception at Erin’s Pav. | |
| <input type="checkbox"/> Sat. Morning Campus Tour | <input type="checkbox"/> Class Picnic/Gathering | |
| <input type="checkbox"/> Vegetarian options requested. List allergies or other dietary restrictions: | | |
-

Child 4: _____ Male Female

- | | | |
|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------|
| First Name | Last Name | |
| <input type="checkbox"/> Age 5 and Younger | <input type="checkbox"/> Age 6 – 12 | <input type="checkbox"/> Age 13 and Older |
| <input type="checkbox"/> Fri. Night Shuttle | <input type="checkbox"/> Fri. Night Reception at Erin’s Pav. | |
| <input type="checkbox"/> Sat. Morning Campus Tour | <input type="checkbox"/> Class Picnic/Gathering | |
| <input type="checkbox"/> Vegetarian options requested. List allergies or other dietary restrictions: | | |
-

Child 5: _____ Male Female

- | | | |
|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------|
| First Name | Last Name | |
| <input type="checkbox"/> Age 5 and Younger | <input type="checkbox"/> Age 6 – 12 | <input type="checkbox"/> Age 13 and Older |
| <input type="checkbox"/> Fri. Night Shuttle | <input type="checkbox"/> Fri. Night Reception at Erin’s Pav. | |
| <input type="checkbox"/> Sat. Morning Campus Tour | <input type="checkbox"/> Class Picnic/Gathering | |
| <input type="checkbox"/> Vegetarian options requested. List allergies or other dietary restrictions: | | |
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SIU SCHOOL OF MEDICINE 2017 ALUMNI REUNION

PAYMENT

	QTY		TOTAL
Class of '77 gathering is "pay your own expense"			
Class of '82 gathering is "pay your own expense"			
Class of '86 gathering is "pay your own expense"			
Class of '92 Picnic - \$10 per person	x _____		= \$ _____
Class of '97 Picnic gathering is "pay your own expense"			
Class of '07 Picnic - \$12/adults	x _____		= \$ _____
\$6/child 6 – 12	x _____		= \$ _____
*5 and under free			
Saturday Evening Reunion Celebration (adults only)			
\$50 per person	x _____		= \$ _____
TOTAL PAYMENT INCLUDED WITH REGISTRATION			= \$ _____

Please return registration and payment by **June 2, 2017.**

To mail in your registration and check:

**Office of Alumni Affairs
SIU School of Medicine
PO Box 19650
Springfield, IL 62794-9650**

Payment should be made payable to:

"SIU School of Medicine"

Please be sure to complete the online Alumni Reunion Memory Book to share with classmates at:

<https://www.siumed.edu/alumni/reunion.html>

If you prefer to mail a copy in, the Memory Book entry form can be found on the next page.

ALUMNI REUNION MEMORY BOOK

Reliving old memories and reconnecting with classmates makes reunion a special time. Please share your career summary, interests, and fond memories from medical school, even if you are unable to attend the reunion. Complete the information below for mailed registrations or as part of the online registration at: <https://www.siumed.edu/alumni/reunion.html>. Please return no later than **June 2, 2017**.

Career Summary (include leadership roles, distinctions of honor, etc):

Memorable Moments & Activities in Medical School:

Most Interesting/Daring Thing I've Done Since Medical School:

Who's Coming? Check the reunion website prior to reunion weekend to view the attendance list by class year or view the memory book with your classmates' responses. To gain access to the password-protected secure website visit: <https://www.siumed.edu/alumni/reunion.html>. The password to view "Look Who's Coming" will be shared by the class listserv.