Registration Form

2018 REUNION RECEPTION

Friday, September 14, 2018
School of Dentistry
2018 Reunion Reception
(Classes ending in 3 and 8)

$35.00 \times \ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ = \_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Include my name on the online guest list so my classmates know I am coming!

ALUMNUS/AE

___________________________________________
Name (For your badge)

____________________________________________
Class Year | Degree

SPOUSE or GUEST

____________________________________________
Name (For your badge)

____________________________________________
Guest Class Year | Degree (Optional)

Billing Information (See other side)

DEADLINE: August 24, 2018
Billing Information

Please print:

Name: ______________________________________
Address: ____________________________________
____________________________________________
City: ________________________________________
State: ______________________ Zip: ____________
Phone: ______________________________________
Email: _______________________________________

Return this form in the envelope enclosed via mail, or fax to 734.615.6285.

☐ Check Enclosed
(Please make checks payable to the University of Michigan)

☐ Credit Card (Please check one)

☐ Visa
☐ Mastercard
☐ Discover
☐ American Express

Card Number: ________________________________
Expiration Date: ______________ CCV Code: ________
Signature: ________________________________

DEADLINE: August 24, 2018