Friday, September 27, 2019
School of Dentistry
2019 Reunion Reception
(Classes ending in 4 and 9)

$35.00 \times \underline{\hspace{4cm}} = \underline{\hspace{4cm}}

[ ] 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 30, 2019
Billing Information

Please print:

Name: ______________________________________
Address: ____________________________________
                                                ________________________________
City: ________________________________________
State: _________________ Zip: _____________
Phone: ______________________________________
Email: ______________________________________

Return this form to:
Office of Development & Alumni Relations,
540 East Liberty, Ste. 204
Ann Arbor, MI 48104
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 30, 2019