REGISTRATION CARD – College of Nursing Reunion

Please complete this form and return it in the enclosed envelope, call 303-724-2518 to register by phone, or visit http://nursing.ucdenver.edu/2014Reunion to register online. Please register by Wednesday, Aug. 27, 2014.

Name (to appear on name tag)                                      Nursing Graduation Year

__________________________________________________________________________________________

Guest Name(s) to appear on name tag                             Nursing Graduation Year

__________________________________________________________________________________________

For each event below, please indicate the number of guests attending in the space provided.

**FRIDAY, SEPT. 5**

Reunion Breakfast    #_______x $10 = $_______

#_______ Student Panel or #_______ Nursing History Center (Free Events, Choose One)

#_______ Mock Classes or #_______ Nursing History Center (Free Events, Choose One)

#_______ Eisenhower Suite/Bookstore or #_______ Library Tour/Bookstore (Free Events, Choose One)

Luncheon, Dean’s Welcome, Awards Ceremony #_______x $25 = $_______

#_______ Alumni Association Annual Meeting (Free Event)

#_______ CAPE Tour or #_______ CEC/Simulation Center Tour (Free Events, Choose One)

Class Dinners at Fogo de Chao    #_______x $50 = $_______

**SATURDAY, SEPT. 6**

Class of 1964 Reminisce Lunch    #_______x $15 = $_______

1964 Lunch guest(s) if different than above

Other/Mile High Cultural Experience    #_______x $25 = $_______

Total reunion registration fees (sum of all events) $_______

Please complete payment information on reverse side.
REGISTRATION FEES & DONATIONS

$__________ Total Reunion Registration Fees
$__________ Additional support for the CU College of Nursing Alumni Association S. Clare Sandekian Scholarship Fund. (Optional)

$__________ GRAND TOTAL

PAYMENT METHODS

___Check enclosed made payable to the University of Colorado

Credit Card: _____Visa _____ MasterCard _____Discover _____AMEX

_______________________________________              ___________________            ___________________
Account Number                                                  Exp. Date             CW#

Name on Card

____________________________________________________________
Signature

Billing Address

____________________________________________________________
____________________________________________________________

Phone Number

____________________________________________________________

Email Address

*No refunds after Wednesday, Aug. 27, 2014. Payments may not be transferred to another University of Colorado or CU Foundation funds.

Special needs and/or dietary restrictions (please list below and indicate which participant/guest).

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