

USE THIS FORM TO REGISTER, PURCHASE ADS, and/or MAKE A DONATION

Name _____
 First Middle Last Maiden

Class Year _____ **Email** _____

Street Address _____

City _____ **State** _____ **Zip** _____ **Phone** _____

Packages	Number of Items	Cost	Sub-Total	
Reunion Package A _____ Shirt size	_____	<u>\$220/\$230</u>	_____	
Reunion Package B	_____	<u>\$195/\$205</u>	_____	
Individual Tickets/Items				
Soul Luncheon	_____	<u>\$55</u>	_____	
40 Under 40 Award Bash	_____	<u>\$20</u>	_____	
Alumni Gala & Awards Ceremony	_____	<u>\$95</u>	_____	
Southern Style Cook-out	_____	<u>\$35</u>	_____	
Golden Graduate Breakfast Celebration	_____	<u>\$45</u>	_____	
Reunion Bag	_____	<u>\$15</u>	_____	
Reunion Souvenir	_____	<u>\$10</u>	_____	
Reunion 2017 T-Shirt _____ Size	_____	<u>\$20</u>	_____	
Gala Ad	_____	<u>\$200/ \$300</u>	_____	
Additional Donation to Dillard University		<u>\$ _____</u>	_____	
		Total	_____	
Circle Payment Type Below:				
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover	<input type="checkbox"/> Check
Name on Credit Card _____				
Address of Cardholder _____				
Card# _____		Exp. Date: _____		
Signature _____				

Please review and complete opposite side of this form

ALUMNI REUNION REGISTRATION FORM (cont.)

Guest Name _____
 First **Middle** **Last** **Maiden**

Is guest your spouse? Yes / No

Is guest an alumnus/a? Yes / No

Guest			
Class Year (if guest is a Dillard alum) _____			
Street Address _____			
City _____	State _____	Zip _____	
Email _____	Phone _____		

This registration form should be mailed, along with payment, to Dillard University, Office of Alumni Relations, 2601 Gentilly Blvd., New Orleans, LA 70122.

All mail-in registrations should be postmarked by April 15. After April 15, you may continue to register by phone or online until April 25.