

# 50-YEAR REUNION REGISTRATION FORM CLASS OF 1966 | APRIL 13-15, 2016

PLEASE PRINT CLEARLY.

YOUR NAME: \_\_\_\_\_ MAIDEN NAME \_\_\_\_\_ CLASS YEAR \_\_\_\_\_ GREEK AFFILIATION \_\_\_\_\_

YOUR SPOUSE'S NAME: \_\_\_\_\_

IF YOUR SPOUSE IS A HILLSDALE COLLEGE GRADUATE: MAIDEN NAME \_\_\_\_\_ CLASS YEAR \_\_\_\_\_ GREEK AFFILIATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY / STATE / ZIP \_\_\_\_\_

PREFERRED E-MAIL \_\_\_\_\_ PHONE & AREA CODE \_\_\_\_\_

HOME  WORK  CELL

## YES, I will attend the Class of 1966 50-Year Reunion.

I HAVE COMPLETED the section above and the biographical information for the memory book.

No, I cannot attend the reunion, but I have completed the section above and the biographical information for the memory book.

Number in Party \_\_\_\_\_

(Your spouse/guest is invited to attend all events.)

Please **PRINT** names as you would like them to appear on name tags, and mark corresponding boxes to the right for each attendee.

NAME \_\_\_\_\_

NAME \_\_\_\_\_

|                                     | WEDNESDAY                |                          | THURSDAY                 |                          | FRIDAY                   |                          |                          |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| All Activities for the Entire Event | Lunch                    | Dinner                   | Breakfast                | Luncheon                 | Dinner                   | Breakfast                | Dietary Restrictions     |
|                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
|                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## TRAVEL ARRANGEMENTS:

I/We will be arriving by:  Car  Plane (Toledo Airport; Detroit Airport)  Other \_\_\_\_\_  
 on:  Tuesday, April 12, at \_\_\_ o'clock  Wednesday, April 13, at \_\_\_ o'clock

Transportation is needed **FROM and TO** the airport. (Please send or enclose a copy of your itinerary.)

My reservations are as follows:

Airport \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Flight Time: \_\_\_\_\_ Airline & Flight #: \_\_\_\_\_ Flight From: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Flight Time: \_\_\_\_\_ Airline & Flight #: \_\_\_\_\_ Flight To: \_\_\_\_\_

## COMPLIMENTARY ACCOMMODATIONS:

I/We plan to stay on campus at the Dow Hotel and Conference Center. **IMPORTANT NOTE:** The complimentary Dow Hotel and Conference Center room block expires **March 10, 2016**. Please call the Dow Center at (517) 437-3311 to confirm your own reservations. Availability of rooms at the Dow Center is limited and is on a first-come, first-served basis. A secondary complimentary room block is also available at the Hillsdale Days Inn, expiring **March 25, 2016**—call (517) 439-3297 to confirm reservations.

I/We need to observe the following **dietary restrictions:** \_\_\_\_\_

I/We will need **barrier-free accommodations** and/or transportation: \_\_\_\_\_

Additional comments, questions or special requests: \_\_\_\_\_

**PLEASE COMPLETE AND RETURN THE FOLLOWING BY FEBRUARY 20, 2016:**

**1) THE ENCLOSED BIOGRAPHICAL INFORMATION FORM 2) THIS REGISTRATION FORM**

QUESTIONS—Please contact the Hillsdale College Alumni Office: (517) 607-2461 | [nlaser@hillsdale.edu](mailto:nlaser@hillsdale.edu)