



Reservation Form

UCSF DOCTORAL ALUMNI REUNION

Registration Deadline: May 23, 2007

Registration/Contact Information

Name _____

Doctoral Class Entering Year _____

Address _____

City/State/Zip Code _____

Country _____

Telephone _____ Fax _____

Email _____

Payment Information

Doctoral Reunion Registration fee: \$150

(Or see instant registration instructions on reverse side.)

Check Enclosed for the amount of: \$ _____

(Please make check payable to UC Regents)

Charge to credit card below for the amount of: \$ _____

VISA MC AMEX

Exp. Date _____ / _____

Account Number _____

Name of Cardholder _____

Cardholder Signature _____

For complete Doctoral Alumni Reunion information, go to:

<http://nurseweb.ucsf.edu/doctoralreunion>

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Please return completed Reservation Form and send with your payment in the enclosed envelope to:

Doctoral Alumni Reunion
UCSF School of Nursing
Box 0604
San Francisco, CA 94143-0604

Or register instantly by fax using your credit card. Go to <http://nurseweb.ucsf.edu/conf/reunion-doc> for instant registration instructions.

I will attend	Activity
<i>Please Circle</i> YES	Plenary Session: Global Nursing Scholarship <i>Friday Morning</i>
YES	Reunion Luncheon <i>Friday Midday</i>
YES	Graduation and March w/Faculty <i>Friday Evening</i>
YES	Doctoral Alumni Picnic <i>Saturday Midday</i>
YES	Glide Memorial Church Service <i>Sunday Morning</i>
YES	Global Networks Session <i>Monday</i>
YES	Centennial Gala (You will receive a separate invitation) <i>Saturday Evening</i>

Please indicate any accessibility or dietary needs: _____
