

Registration



Name:

Degree(s) & Year(s):

Name on Name Tag:

Address:

City, State, Zip Code:

Have you changed your address? Yes.

Guest Name:

Relationship:

Degree(s) & Class Year(s):

University:

Name on Name Tag:

Event Selection (Please indicate number in your party.)

Thursday Commencement Reception: _____

Homecoming Lunch: _____

Wine Tasting & Reception: _____

Celebration Dinner: _____

Do you or your guests have dietary restrictions?

Payment Information

Non-Subscriber Registration

\$70/person x _____ = \$ _____

HDAA Subscriber Registration

\$45/person x _____ = \$ _____

Non-Subscriber CE Credits

\$20/person x _____ = \$ _____

HDAA Subscriber CE Credits

\$0/person x _____ = \$ _____

I require parking in the Quad Garage at 200 Longwood Avenue.

My advance payment of \$ _____ is included with this registration.

Please make check payable to the Harvard School of Dental Medicine.

American Express MasterCard Visa

Credit Card Number:

Exp. Date:

Please return your registration by **May 22, 2009.**