

# Class of 1944

65th Reunion Registration  
May 14–17, 2009

I plan to attend Reunion and would like a double room at Lamont House.

I expect to arrive on \_\_\_\_\_

and leave on \_\_\_\_\_

**NOTE:** All houses open at **3:00 pm** on Thursday, May 14, and close at **1:00 pm** on Sunday, May 17. Please make your plans with this deadline in mind, as no exceptions are possible.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

SPECIAL NEEDS \_\_\_\_\_

We regret that we are not able to provide wheelchairs, canes, or walkers. We kindly ask that you either bring your own or rent what you need from Moriarty Medical Supplies, 70 Maple Street, Florence, MA 01062, 413-584-0523. We recommend that you make these arrangements well ahead of time. If you use a wheelchair, we will have staff available to assist you in the parade.

NAME OF EMERGENCY CONTACT \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

CONTACT'S PHONE (DAY) \_\_\_\_\_

CONTACT'S PHONE (EVENING) \_\_\_\_\_

**I plan to attend my 65th Reunion** (\$135.00) ..... = \$135.00

I will be accompanied by \_\_\_\_\_ guest(s) x \$135.00 each ..... = \$\_\_\_\_\_

Name of guest(s) and relationship to you:  
\_\_\_\_\_

**I will attend ALUMNAE COLLEGE**

Refer to page 6 in your Reunion booklet for full course descriptions. Choose one option — A, B, C, D, E, F, G, or H — for Session I and/or one option for Session II.

**My guest will attend ALUMNAE COLLEGE**

	ALUMNA OPTION CHOOSE A-H	GUEST OPTION CHOOSE A-H	PRICE	TOTAL NUMBER OF RESERVATIONS	NUMBER OF VEGETARIAN MEALS	
<b>Session I</b> 9–10:30 a.m.	_____	_____	\$50.00 x _____	_____	_____	= \$_____
<b>Session II</b> 11 a.m.–12:30 p.m.	_____	_____	\$50.00 x _____	_____	_____	= \$_____
<b>Alumnae College Lunch &amp; Lecture*</b> 12:45–2:30 p.m.	_____	_____	\$35.00 x _____	_____	_____	= \$_____

\*conflicts with Friday All Reunion Lunch; do not choose both.

**My guest(s) and I will attend the following MEALS**

(included in your Reunion registration fee & guest fee):

**Thursday:**

All Reunion Dinner

**Friday:**

All-Reunion Lunch\*

Cocktails/Dinner

(Grilled Boneless

Chicken Breast)

**Saturday:**

Luncheon Buffet

Cocktails/Dinner

(Filet Mignon)

\*conflicts with Alumnae College Lunch & Lecture; do not choose both.

Please enclose a check for you and your guest's MEALS/ACCOMMODATIONS and ALUMNAE COLLEGE, if applicable. Make your check payable to **The Alumnae Association of Smith College**. Please return your reservation form and payment by March 30, 2009 to ensure that you will have a room.

**TOTAL ENCLOSED** ..... = \$\_\_\_\_\_

By registering for Reunion, I understand and agree that Smith College and the AASC will be taking photos of Reunion and college events, and may publish them in any format or media without additional permission from me if I am in the photo. Reunion fees do not constitute a gift to The Smith Fund.