

Class of 1943 • 65th Reunion Registration • May 15-18, 2008

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 15, and close at 1:00 pm on Sunday, May 18. Please make your plans with this deadline in mind, as no exceptions are possible.

Name: _____

Address: _____

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.

Emergency Contact:

name	relationship	day phone	evening phone
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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 8 in your Reunion booklet for full course descriptions. Choose one option — A, B, C, D, E, F, G, H, or I — for Session I and/or one option for Session II.

My guest will attend ALUMNAE COLLEGE

	Alumna Option choose A-I	Guest Option choose A-I	Cost Per Session	Total # of Reservations	# Vegetarian	Total \$
Session I: 9:00-10:45 am	_____	_____	\$50.00	x _____		= \$ _____
Session II: 11:15-1:00 pm	_____	_____	\$50.00	x _____		= \$ _____
AC Lunch & Lecture: 1:15-3:15 pm*			\$35.00	x _____	# Veg. _____	= \$ _____

*This event conflicts with the Friday All Reunion Lunch.

My guest(s) and I will attend the following MEALS (included in your Reunion registration fee & guest fee):

- | | | | |
|-----------|------------------------------------|---------------------------------|--|
| Thursday: | <input type="checkbox"/> Breakfast | <input type="checkbox"/> Lunch† | <input type="checkbox"/> Dinner |
| Friday: | <input type="checkbox"/> Breakfast | <input type="checkbox"/> Lunch† | <input type="checkbox"/> Dinner (Parmesan Crusted Chicken) |
| Saturday: | <input type="checkbox"/> Breakfast | <input type="checkbox"/> Lunch | <input type="checkbox"/> Dinner (Filet Mignon) |
| Sunday: | <input type="checkbox"/> Breakfast | | |

†This event conflicts with the Alumnae College Lunch & Lecture.

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 28, 2008** in the enclosed envelope 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.