



West Virginia University
School of Dentistry
Alumni Association

Robert C. Byrd Health Sciences Center
PO Box 9410
Morgantown, WV 26506
304-293-4393

2017 Spring Reunion Weekend

Alumnus Name: _____ **Circle Meal Choice:** Sirloin -or- Chicken
Class Year: _____

Address: _____

Email: _____

Phone: _____

Guest Name: _____ **Circle Meal Choice:** Sirloin -or- Chicken
Guest Class Year: _____ (if guest is a WVU School of Dentistry Graduate)

Guest Name: _____ **Circle Meal Choice:** Sirloin -or- Chicken
Guest Class Year: _____ (if guest is a WVU School of Dentistry Graduate)

Guest Name: _____ **Circle Meal Choice:** Sirloin -or- Chicken
Guest Class Year: _____ (if guest is a WVU School of Dentistry Graduate)

Number of Banquet Reservations

_____ 2016-2017 Members/Dental Alumni Association
_____ Guest(s)

_____ Non-Members/Dental Alumni Association
_____ Guest(s)

Must be received by April 14

\$60.00 each
\$60.00 each

\$70.00 each
\$70.00 each

TOTAL ENCLOSED \$ _____

Make Check Payable for Dinner/Dance to: **SCHOOL OF DENTISTRY ALUMNI ASSOCIATION**

(Please note that the CE Course registration/cost is separate from the Dinner/Dance)

Number attending picnic: _____ (No Charge)

If you have special dietary needs for the Friday evening dinner meal, please describe:

Return this form to:

Ms. Cathy Boyce

WVU School of Dentistry Alumni Association

PO Box 9410

Morgantown, WV 26506-9410