

REGISTRATION

Celebrate Connections

Please RSVP before Oct. 16, 2009

Your Name

Guest Name

Class Year Phone #

Email

PAYMENT INFORMATION

\$_____ Total Amount

My check is enclosed
(Make checks payable to Northwestern University)

Please bill my credit card:
(please check one)

Visa MasterCard Amer. Express Discover

Credit Card Number

Expiration Date

3-4 digit security code

Card Member's Signature

Please call 800-962-3053 with any questions,
or email to alumni@midwestern.edu.

Please mail registration with payment to
Office of Development & Alumni Relations
555 31st Street • Downers Grove, IL 60515

OSTEE Award Reception

THURSDAY, OCTOBER 22 @ 5:30 PM
(complimentary)

_____ Number of people attending

_____ Sorry, unable to attend.

_____ Yes, I would like to support the
CCOM Graduate Medical Education Fund in
honor of Albert F. Milford, III, D.O.

Amount \$ _____

*All gifts are tax-deductible to the fullest extent
permitted by law. Please enter your payment
information on the reverse.*

CCOM Alumni Association Lunch & Awards Program

FRIDAY, OCTOBER 23 @ 12 NOON
(complimentary)

_____ Number of people attending (_____ vegetarian)

_____ Sorry, unable to attend.

ALL CCOM Class Reunion – ALL ALUMNI WELCOME!

Honoring alumni from classes
ending in 4s & 9s

FRIDAY, OCTOBER 23 @ 6:30 PM

_____ Number of tickets @ \$75 each
(_____ vegetarian) Total \$ _____

_____ Sorry, unable to attend.

Because fellow classmates would like to know who
will be coming to the events, please check here if
we may post your name and class year only on
our Web site as an attendee of this/these events.
Thank you! To view the latest list of attendees,
please visit www.midwestern.edu/CCOMreunion.