

REGISTRATION FORM

Name: _____ Degree/Year: _____
 Name of Guest(s): _____
 Home Address: _____

 Home Telephone: _____ Business Telephone: _____
 Fax: _____ Email: _____

(Please indicate the number of participants for each event below:)

THURSDAY

Young Alumni Networking Night _____ x Complimentary

FRIDAY

Continental Breakfast _____ x Complimentary
 Morning Library Tour _____ x Complimentary
 Half-Century Club Luncheon (Class of '58) _____ x Complimentary
 Afternoon Library Tour _____ x Complimentary
 Welcome Reception at Symphony Hall _____ x \$25 per person
 Boston Pops
 Floor _____ x \$77 per person
 First Balcony _____ x \$50 per person

SATURDAY

Continental Breakfast _____ x Complimentary
 Student-led tour of Suffolk University _____ x Complimentary
 Freedom Trail walking tour _____ x \$12 per adult
 _____ x \$8 per child
 ICA Tour and Lunch _____ x \$25 per person
 Fenway Park Tour _____ x \$10 per person
 Lunch at Fenway (Reunion years only) _____ x \$35 per person (limit 2)
 Boston Duck Tour _____ x \$24 per adult
 _____ x \$12 per child (ages 4-12)
 _____ x Complimentary
 (children under 4)
 Class of 1983-25th Reunion Reception _____ x Complimentary
 Reception, Dinner and Awards Ceremony _____ x \$65 per person (cash bar)
 Classes of 1998-2008 _____ x \$40 per person (cash bar)

SUNDAY

Farewell Breakfast _____ x Complimentary

Total \$ _____

- Enclosed is a check payable to Suffolk University
 Bill my credit card: MasterCard Visa Discover American Express

Card Number: _____ Exp. Date: _____

Signature: _____

Please inform us of any dietary restriction or special needs requiring our attention:

Please return your registration form with payment by May 29 to:

Office of Alumni Relations • 8 Ashburton Place • Boston, MA 02108