

HARVARD AND RADCLIFFE CLASSES OF 1960 45TH REUNION REGISTRATION FORM

Best: Register and pay online via the link at: <http://www.harvard60.org>.

Please register by September 2nd either via the web or by submitting this form by mail in the envelope provided
or by fax to (617) 495-0434.

Mailing address: 45th Reunion Office, 124 Mt. Auburn St, 6th Floor, Cambridge, MA 02138

Classmate: _____
Address: _____

Phone: _____
Email: _____

Name Badge (Indicate name as you want it to appear at the reunion):

Classmate: _____
Guest: _____

Cell Phone Numbers:

Classmate: _____
 Requesting that cell phone number be omitted from final list of attendees included in the registration packet.
Guest: _____
 Requesting that cell phone number be omitted from final list of attendees included in the registration packet.

Dietary Restrictions:

Classmate: Vegetarian Kosher Allergies: _____
Guest: Vegetarian Kosher Allergies: _____

EVENT SELECTION

	# OF PEOPLE		# OF PEOPLE
THURSDAY SEPT. 29TH		SATURDAY OCT. 1ST	
Opening Reception	_____	Continental Breakfast	_____
		Seminars	_____
FRIDAY SEPT. 30TH		Lunch at the Murr Center	_____
Continental Breakfast	_____	Football Game	_____
Interview/conversation with Bob Rubin '60	_____	or	
Memorial Service	_____	Discussion Group (indicate letter A-G)	_____
Lunch in Houses	_____	Kennedy Library Gala Dinner	_____
or		SUNDAY OCT. 2ND	
Radcliffe Lunch at Cronkhite	_____	Farewell Brunch	_____
Tea with Administrators	_____		
Evening at the Harvard Faculty Club	_____		

OPTION A - FULL REUNION PACKAGE

OPTION B - THURSDAY & FRIDAY

OPTION C - SATURDAY & SUNDAY

	<u>Per Person</u>		<u>Per Person</u>		<u>Per Person</u>
Early Registration (Postmarked by September 2nd)	\$400	Early Registration (Postmarked by September 2nd)	\$205	Early Registration (Postmarked by September 2nd)	\$225
Regular Registration (Postmarked by September 19th)	\$420	Regular Registration (Postmarked by September 19th)	\$215	Regular Registration (Postmarked by September 19th)	\$235

Please make check payable to: *Harvard-Radcliffe 1960*

To pay by credit card, complete the following information:

Credit Card #: _____ Exp. Date: ____ / ____

Name on Card: _____

Signature: _____