

CLASS OF '96 15 YEAR REUNION REGISTRATION - FEBRUARY 17-19, 2012
HOTEL DEADLINE - JANUARY 27 - REGISTRATION DEADLINE - FEBRUARY 10

Name: _____ Email: _____

Address: _____ Daytime Phone: _____

City: _____ State: _____ ZIP: _____

REUNION NAMETAGS

Please include the relationship* of each guest and Class Years for all former students of A&M.

* spouse, child, friend, sibling, parent, etc...

Classmate Nametag: _____ Spouse Nametag: _____

Guest 1 Nametag: _____ Guest 2 Nametag: _____

Relationship: _____ Relationship: _____

REUNION REGISTRATION & ACTIVITIES			TOTAL								
Classmate Registration	<input type="checkbox"/> \$12		\$								
Registration for Spouse & Guest(s)	<input type="checkbox"/> \$6 (one-time charge, covers all guests)		\$								
Add a \$10 late fee if registering after February 10			\$								
Indicate the activities each guest will be attending, including yourself, by filling the boxes on the left and your total on the right.											
WHO'S ATTENDING	ACTIVITY	COST/PERSON									
<table border="0"> <tr> <td>Classmate</td> <td>Spouse</td> <td>Guest 1</td> <td>Guest 2</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Classmate	Spouse	Guest 1	Guest 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Classmate	Spouse	Guest 1	Guest 2								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
	Saturday Class Breakfast (Adult)	\$12 per person	\$								
	Saturday Breakfast (Child - ages 3-12)	\$6 per person	\$								
<p align="center">Registration must be received by February 10 in order to receive a Class Tumbler and meal tickets. We look forward to seeing you at the Reunion!</p>											
<p>GRAND TOTAL FOR REGISTRATION & ACTIVITIES</p>			\$ _____								

Method of Payment: Please one: Check (Payable to The Association of Former Students)
or Credit Card: Mastercard / Visa / Discover / American Express

Card #: _____ - _____ - _____ - _____ Exp. Date: ____/____ Verification Code*: _____

Signature: _____ Date: _____

* The last 3 digits of the number printed on the signature line on the back of your card or on the front for American Express

If you have any special dietary or physical needs, please let us know: _____

Office Use:
Rcd: _____
BSR: _____
Proc: _____
Letter: _____
Tags: _____

Return this form to 505 George Bush Dr., College Station, TX 77840
or fax to 979-845-9263
ATTN: Class of '96 Reunion
Register Online at www.AggieNetwork.com/Reunions - it's free and secure!