

CLASS OF '82 REUNION REGISTRATION - NOVEMBER 2 - 4, 2012

DEADLINES: REUNION REGISTRATION - OCT. 19 - HEADQUARTER HOTEL RESERVATIONS - OCT. 12

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																																												
*Registration for myself <input type="checkbox"/> \$20 - Active <input type="checkbox"/> \$25 - Non-Active	\$																																												
*Registration for Spouse & Guest(s) <input type="checkbox"/> \$20 (includes all guests-pay one time)	\$																																												
<i>*Registration fees help cover expenses that include printing and postage, facility rental, event gratuity, audio/visual equipment needs & other administrative costs.</i>																																													
I would like to begin my Century Club Benefits today at the \$ _____ level. (See facing page for levels.)	\$																																												
Add a \$10 late fee if returning after Oct. 19 (Meals not guaranteed 3 days prior to event.)	\$																																												
Indicate the activities each guest will be attending including yourself by filling the boxes on the left and your total on the right.																																													
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GRAND TOTAL FOR REGISTRATION & ACTIVITIES \$ _____																																													

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

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

**Return this form to 505 George Bush Dr., College Station, TX 77840
 or fax to 979-845-9263**

ATTN: Class of '82 Reunion

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