

CLASS OF '64 MINI REUNION REGISTRATION - APRIL 19 - 22, 2016

DEADLINES: HOTEL RESERVATION: MARCH 18 - REUNION REGISTRATION: APRIL 4

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"/> \$5 - Registration | | | | | \$ |
| Registration for Spouse & Guest(s) <input type="checkbox"/> \$5 - (includes all guests) | | | | | \$ |
| Add a \$10 late fee if registering on or after April 4, 2016 (food cannot be 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. | | | | | |
| WHO'S ATTENDING | | ACTIVITY | NUMBER ATTENDING | | |
| Classmate | Spouse | Guest 1 | Guest 2 | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wednesday reception & dinner (cash bar) _____ x \$50 | \$ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Thursday TAMU Galveston reception, speakers & campus tours _____ x No Charge | No Charge |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Thursday campus Muster _____ x No Charge | No Charge |
| GRAND TOTAL FOR REGISTRATION & ACTIVITIES \$ _____ | | | | | |

Method of Payment: Please ☒ one: ☐ Check (Payable to The Association of Former Students) Ck # _____
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 The Association of Former Students, P.O. Box 10005,
College Station, TX 77842
or fax to 979-845-9263
ATTN: Class of '64 Mini Reunion

Office Use:

Rcd: _____

BSR: _____

PID: _____

Proc: _____

Letter: _____

Tags: _____