

CLASS OF '93 REUNION REGISTRATION - NOVEMBER 1-3, 2013
DEADLINES: REUNION REGISTRATION - OCT. 18 - HOTEL RESERVATIONS - OCT. 16

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"/> \$10	\$								
*Registration for Spouse & Guest(s)	<input type="checkbox"/> \$10 (one time charge, covers all guests)	\$								
<i>*Registration fees help cover Reunion expenses that include printing and postage, gratuities, audio/visual equipment needs, towels, cups & other administrative costs.</i>										
I would like to begin my Century Club Benefits today at the \$_____ level. (See Page 3 or website for levels)		\$								
Add a \$10 late fee if registering after October 18.		\$								
Indicate the activities each guest will be attending, including yourself, by filling the boxes on the left and entering your total on the right.										
WHO'S ATTENDING	ACTIVITY	COST/PERSON								
<table border="1"> <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"/>							
	Friday Night Buffet Dinner at Murphy's Law with cash bar	\$15								
	Victory Party (with DoubleDave's pizza/pepperoni rolls and cash bar)	\$8								
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: _____

Check # _____

Register Online at www.AggieNetwork.com/Reunions or return this form by mail to:
505 George Bush Drive, College Station, TX 77840

or fax to 979-845-9263

ATTN: Class of '93 Reunion

Register with www.AggieNetwork.com - it's free and secure!

Office Use:

Rcd: _____

BSR: _____

Proc: _____

PID: _____

Letter: _____

Tags: _____