

# REGISTRATION FORM

Register by May 1, 2019.

Submit your registration in one of the following ways:

- > **You are encouraged to register online at [law.wustl.edu/alumni](http://law.wustl.edu/alumni)**
- > Mail this form to:  
Washington University School of Law, Campus Box 1248,  
One Brookings Drive, St. Louis, MO 63130.

**Questions?** Call 314-935-5462 or email [law.alumni@wustl.edu](mailto:law.alumni@wustl.edu)



## PRIMARY GUEST

Name: \_\_\_\_\_  
*First Last Maiden Preferred First Name*

Address: \_\_\_\_\_  
*Street City State Zip*

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

WU Degree/Year: \_\_\_\_\_

Dietary Restrictions:  Vegetarian  Vegan  Kosher  Gluten-Free  Dairy-Free  Nut Allergy  
 Allergy/Intolerance: \_\_\_\_\_

## ADDITIONAL GUESTS

Name: \_\_\_\_\_  
*First Last Maiden Preferred First Name*

Address: \_\_\_\_\_  
*Street City State Zip*

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

WU Degree/Year: \_\_\_\_\_

Dietary Restrictions:  Vegetarian  Vegan  Kosher  Gluten-Free  Dairy-Free  Nut Allergy  
 Allergy/Intolerance: \_\_\_\_\_

Name: \_\_\_\_\_  
*First Last Maiden Preferred First Name*

Address: \_\_\_\_\_  
*Street City State Zip*

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

WU Degree/Year: \_\_\_\_\_

Dietary Restrictions:  Vegetarian  Vegan  Kosher  Gluten-Free  Dairy-Free  Nut Allergy  
 Allergy/Intolerance: \_\_\_\_\_

## 50TH REUNION GOWN - KINDLY RSVP BY MAY 1, 2019

If you are participating in the Medallion Ceremony on Thursday, a gown will be provided for you. In addition, we will provide law hoods.

**Height:** Classmate #1: \_\_\_\_\_ Classmate #2: \_\_\_\_\_

**Degree:** Classmate #1: \_\_\_\_\_ Classmate #2: \_\_\_\_\_

## ADDITIONAL INFORMATION

Please indicate if you need special assistance during Reunion: \_\_\_\_\_

**Please note some events do not require advanced registration and are not listed below.** Select events may require a separate registration through the organization hosting the event. Refer to the enclosed invitation or visit [reunions.wustl.edu/commencement](http://reunions.wustl.edu/commencement) for the full schedule of events and registration details.

	# of guests	Fee/person	Total
<b>THURSDAY, MAY 16</b>			
50th Reunion Medallion Ceremony (Class of 1969 alumni and guests only)		free	\$0
WashULaw Class Dinner (Class of 1969, 1964, 1959, 1954 alumni and guests only)		free	\$0
<b>FRIDAY, MAY 17</b>			
WashU Engage St. Louis: Understanding What We See with Bob Hansman		free	\$0
Little Italy Neighborhood Tour		\$15	
Show Me Lifelong Learning Institute		free	\$0
John M. Olin Library Open House		free	\$0
Journey Back to the Top of the Arch (Class of 1969 alumni and guests only)		\$35	
<b>SATURDAY, MAY 18</b>			
Exploring Washington University with Jim Burmeister		free	\$0
Chancellor's Luncheon and Musical Revue (Free for the Class of 1969 and one guest)		free	\$0
Chancellor's Luncheon and Musical Revue (Additional guests)		\$25	
Positive Psychology: The Science of Happiness with Tim Bono		free	\$0
Soldier, Sailor, Flyer, Too: Veterans Study at Washington U.		free	\$0

**SUBTOTAL:**

## HOTEL ACCOMMODATIONS

A block of rooms has been reserved at The Cheshire Hotel St. Louis for the WashULaw Class of 1954, 1959, 1964, 1969 at a reduced rate of \$299/night for a deluxe king or double queen.

To make a reservation please call the hotel directly at 314-647-7300 and reference the WashULaw Class of 1969 room block. Please book by Monday, April 15, 2019.

## REUNION CLASS GIFT

I would like to make a  \$1,000  \$500  \$100  \$50  \$25  \$10  \$\_\_\_\_\_ contribution to my Class Gift this year.

Please designate my gift to the Law School Annual Fund or program of my choice: \_\_\_\_\_

Sign me up for a 5-Year pledge! I have enclosed my first payment and will pledge this amount for four additional years.

*Note: All five years will be included in your class' Reunion Class Gift total. Please call 314-935-5238 for Reunion Class Gift questions.*

**SUBTOTAL:**

## PAYMENT INFORMATION

Enclosed is my check payable to Washington University. **GRAND TOTAL: \$** \_\_\_\_\_

Charge my credit card:  American Express  Discover  MasterCard  Visa

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_