REUNION 2014 Registration

Class of 1954

DIRECTIONS: Please complete both sides and mail this form to Reunion 2014, Office of Alumni Relations, Connecticut College, 270 Mohegan Ave., New London, CT 06320-4196, or fax it to 860-439-2303. Questions? Call **800-888-7549**, ext. 2300, or email **reunion@conncoll.edu**. Please fill in the information below as you would like it to appear on your name tag.

First Name: Maiden Name:

Last Name: Class Year:

Partner/Spouse/Guest First Name: Partner/Spouse/Guest Last Name: Class Year (if applicable):

To receive Reunion updates, please provide a preferred e-mail address for College announcements:

Registration Deadline			**Subtotal**
We cannot guarantee reservations for meals and on-campus accommodations that are received after Thursday, May 22, 2014 at 4 p.m. Refunds will be made for cancellations received before that date. Your $35 registration fee, however, is not refundable.			
REGISTRATION FEE		@ $35 per form =	
Lodging			
On-campus accommodations include breakfast in Harris Refectory. See the program for dining hours. Each class will be housed together in a residence hall:			
1954: Park House 4th Floor			
Lodging			
FRIDAY	# of people =	@ $45/person/night =	
SATURDAY	# of people =	@ $45/person/night =	
ROOMING REQUESTS (Please specify if you have roommate or room requests):			
WHEELCHAIR OR OTHER SPECIAL NEEDS:			
PLEASE NOTE that hotel rooms have been blocked off at the Clarion Inn in New London, Conn. if you prefer to stay off campus. To reserve a room, call 860-442-0631.			
Meals			
Friday Sykes Luncheon			
ALUMNAE	# of people =	No Charge	_____
GUEST(S)	# of people =	@ $30/person =	
Friday Evening Lobsterbake			
LOBSTER	# of meals =	@ $45/person =	
CHICKEN	# of meals =	@ $45/person =	
VEGETARIAN	# of meals =	@ $35/person =	
Saturday Picnic with Ben & Jerry's Scoop Bar			
CLASS OF 1954	# of people =	@ $15/person =	
Saturday class reception and dinner (Price includes three course meal and all beverages)			
CLASS OF 1954	# of people =	@ $60/person =	
DIETARY NEEDS (PLEASE SPECIFIY IF YOU HAVE SPECIAL DIETARY NEEDS OR ALLERGIES)			
GRAND TOTAL			

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Annual Fund

If you have not already given to the Annual fund this year, please consider giving at this time: $ _____

Billing Information

First Name (as it appears on your credit card): Last Name (as it appears on your credit card):

Street Address/P.O. Box:

City: State: Zip:

Home Phone: Preferred Email:

Select Payment

☐ Check (make payable to Connecticut College)

☐ Credit Card: ○ Visa ○ Mastercard ○ American Express ○ Discover

Card #:

Card Security Code (3-4 digit number found on the back of your credit card):

Expiration Date:

Signature:

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