



REGISTRATION FORM

Saturday, September 30, 2017

Last Name: _____ First Name: _____

Guest First and Last Name (if attending): _____

Area of Practice: _____

Address: _____

Telephone: _____ Email: _____

Dietary Concerns: _____

Registration Cost: \$50.00 per person

*Includes 2 alcoholic drinks per person and appetizers. Cash bar following.
Price includes tax.*

	Number of Guests			Total Amount Paid by Cheque
<input type="checkbox"/>	Registration \$50.00 x	_____	= \$	_____

Please submit your registration by Friday, September 22, 2017

Please make cheques payable to **University of British Columbia**
and write **PT/OT Class of '87 Reunion** on the memo line.

MAIL REGISTRATION FORMS TO:

Attn: Kira Davis
UBC Faculty of Medicine Alumni Engagement
2750 Heather St
Vancouver, BC V5Z 4M2