



REGISTRATION FORM

October 20-21, 2017

Last Name: _____ First Name: _____

Guest First and Last Name (if attending): _____

Area of Practice: _____

Address: _____

Telephone: _____ Email: _____

Dietary Concerns: _____

Registration Cost:

\$75.00 – Wine & Cheese on Friday, October 20

\$170.00 – Dinner Reception on Saturday, October 21

Includes appetizers, buffet dinner and dessert. Cash bar.

Prices included tax.

Registration \$75.00 x _____ = \$ _____

Registration \$170.00 x _____ = \$ _____

TOTAL \$ _____

Please submit your registration by Friday, October 13, 2017

Please make cheques payable to University of British Columbia and write MD Class of '92 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